DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BO)	. BOX 68760,

1

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) James Thomas Armstrong 2. DATE OF DEATH MONTH 3. TIME OF DEATH 93 YEAR ARMSTRONG 7/11/98 II RES 2:20 Am 42 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-40-8737 1 M M 2 - F Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end nu 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Medical University of DIRECTOR Maryland Baltimore Baltmore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3024 Rayner 21216 USA executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician, n and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 14. RACE - American Indian, Black, White, etc. 1 Never Merried 2 Merrie If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: Black ВҰ 3 Widowed 4 Divorced Specify: COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 7 Truck Driver Import/Export Company 17. FATHER'S NAME (First, Middle Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Ħ John BE Armstrong Mackie Ree notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Roberta Mason N. East Avenue Baltimore, MD 21205 Pe 20a. METHOD OF DISPOSITION
1 □ Burlel 2 🗶 Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE Metro Crematory, Inc. 4 Donation 5 Other (Specify) Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ser Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Road Balto, MD removal the medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter tha mode of dying, such as cardiec or reepiratory arreat, Approximate ahock, or heart fellure. List only one ceuse on asch line. 0 Interval Between IMMEDIATE CAUSE (Final I completely filled irial, cremation, o disease or condition DUE TO OR AS A CONSEQUENCE OF: resulting in deeth) traumatic event, Hygiene prior to burial, with esophaged Compression Cance CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING certificate be Antidurehe homae Syndrone OUE TO (OR AS A BONSEOUENCE OF): other t CAUSE (Disease or injury that initiated events resulting in death) LAST 6 requires that the death shows any injury, PART II. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO ten COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OR ATTENDING PHYSICIAN: The item 28. PLACE OF DEATN (Check only one) HOSPITAL:

1 X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO e 5 🗆 Reeldence 8 🗆 Other (Specify) 6 27. MANNER OF OFATN 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending ВУ 1 YES 2 NO After (death 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Specify) THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: Af filed within 72 hours after de 69 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 28 Hem 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner ee stated. TO THE FUNERAL IDE filed within 72 h 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Mens 7/11 MA 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) UNWERSITY MARYLAND HOSPITALS SYLVERIA Muud 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson Aprilette

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ND 2	hospital
A	the
Z	3
, MARYLAND 21215	retained
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TIMORI	Page
ALT	death.

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funeral director, page 5

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50,	within
1 687	executed
3	2
.c.	certificate
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Z C	that
Z LC	requires
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DIVISION OF VILAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
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2	ATTEN
5	8
_	PITAL

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH (CECELIA ALTSHUL) YEAR eceliA 07 93 12:40 PM" 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Mar. 5, 1 M 2 215-09-9926 1905 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR KESWICK NURSING HOME BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3939 ROLAND AVE, APT. 101 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 X Never Married 2 Marri IF YES, GIVE WAR OR DATES 1 TES 2 NG Specify: BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high entary/Secondary (0-12) College (1-4 or 5+) CASHIER HOCHSCHILDS DEPT. STORE Duce. 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES ALTSHUL ELLEN GOOD 15 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3939 ROLAND AVE, APT. 101 BALTIMORE, MD 21211 MRS ANNA MEYERS pe 20a METHOD OF DISPOSITION
1 ABurial 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must ° WORKMENS"CIRCLE 15-9B BALTIMORE, MD 7-4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN examiner tee ( 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE. or removal. MD medical 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** n and completely filled to burial, cremation, event, the Cerebral embelus 3 days resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sidvill axion afrial Mionic Years traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): anterios cleros is cause. Enter UNDERLYING CAUSE (Disease or injury or other the attending phy Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 AND 1 YES 2 NO neen . has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 36-PLACE OF DEATH (Check only one) Ee certificate to the State EXAMINER? HOSPITAL OTHER 4 Wurs 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA me 5 - Residence 6 - Other (Specify) rsing H 0 27. MANNED OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending Investigation 1 YES 2 NO B After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 3 Suicide 8 Could not be DIRECTOR: / COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Itom 2 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B M. Daheler Mas Gregor 12). D13657 9

MACGREGOR, KESWICK, 700 W. 40% ST. BALTINGRE, MD 21211

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julie Deviden Constitute

17. ISABELLE 31 PATE FILED (Month Box Shar)

DHMH-16 Rev 1/89

1	-	STATE REGISTRAR

	1 - STATE REGISTRAR		OINIE OI W	CE	RTIF	ICATI	E OF	DEAT	H UNA	nen ia	REG. NO.	C		
	1. DECEDENT'S NAME (First,	and the same of th	0- 1	INDE	RS	EN	)			2. DATE MONT	OF DEATH DA	W ( (	YEAR	3. TIME OF DEATH ZO ZO M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
1	215-30-6357		1 🗍 M 2 🔼 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.		3, 19	29		nark
~	9e. FACILITY NAME (If not in					9b. CITY	, TOWN C	R LOCATIO	ON OF DEA	ATH		9c. COU	NTY OF D	EATH
ē	Northwest Ho	spital	Center			Ra	nda1	lsto	wn			Ва	1time	ore
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					T	10d. INSIDE CITY
ā	Maryland		Baltimor	e				Pil	kesvi	ille				LIMITS?  1 YES 2XXNO
3AL	10e. STREET AND NUMBER						101	. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
NE	800 Templeo								212					States
BY FUNERAL	1 Never Married 2 4 Dive	Married	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	TEVER IN U.SYARI YES ZYNN MR OR DATES	MED		If yes, sp	ENDENT O	n, Mexican	, Puerto I	t? (Specify Yes Rican, etc.)	or No-	Speci	: — American Indian, t, White, etc. fy: LUCASÍAN
COMPLETED	15. DEC	EDENT'S EDUCA	TION ompleted)	16a. DE6	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	a	16b	. KIND OF BUS	INESS/IN		
	Elementary/Secondary (0	-12)	College (1-4 or 5+	)			during mo	st of workin	v					
₹ F	12th gra			Hon	nemal	ker					lome			
2	Svend Ander										Middle, Malden	Sumeme)		
H	19a. INFORMANT'S NAME (7)			196	. MAJLING	ADDRES	S (Street a		e He		n ber, City or Town	n Statu 7h	n Code)	
2	Robert Ande	rsen		ľ				f Ro				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	20e. METHOD OF DISPOSITE 1 Burlal 2 X Crematio 4 Donation 5 Other	n 3 🗌 Remov	al from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (Na	me of		OAT	E 20c. LO		City or To	wn, State
	21. SIGNATURE OF PUNERAL	L BERVICE LICE	A A	Joanna		22.	NAME AN	ID ADDRES	S OF FAC	YTUK				
	Joseph	XX	elln	er		87	'28 I	iber	ty R	d Ra	cal Dir andalls	stowr	MD2	INC. 1133-4784
	23. PART I. Enter the di shock, or he	seases, or con part fellure. Li	st only one caus	se on each line.							March 19 April 19	ratory an	rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)	a.		SPIRA			F	AIL	u	RE				Onset and Death
_		_	OUE 10	OR AS A CONSEQ	UENCE O	F):								
CERTIFICATION	Sequentially list conditi		DUE TO	OR AS A CONSEO	UENCE O	F):								
CA	cause. Enter UNDERLY! CAUSE (Disease or Inju	NG												
Ħ	that initiated events resulting in death) LAS	T	OUE TO	(OR AS A CONSEO	UENCE O	F):								
CER		d.												
	PART II. Other significa	nt conditions	contributing to	death but not re	aulting	in the ur	nderlying	ceuse g	iven in F	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
MEDICAL	ALCOITO	C   >F								_	1   YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
M										- 1				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL.					24 DI	ACE OF DI	EATH (Char	at astu as				
SICI	EXAMINER?  1 YES 2 NO	1	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	A:	e 5 🗆 Re						
Ξ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT			CRIBE HOW IF	JURY OC	CURED	
ВУ Р		Pending investigation	(Month, Da	zy, Year)	IN.	IURY M		RK? YES 2 [	NO NO					
	3 Suicide 6	Could not be	28e. PLACE Of building,	F INJURY — At hor inc. (Specify)	ne, farm,	street, fact	lory, office				ATION (Street e or Town, State)	nd Number	r or Rural R	loute Number,
Ē	29e. CERTIFIER													
COMPLET				my knowledge, dea amination end/or in										) and manner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIER	1.0		_			29c. LICE	NSE NUMI	BER		29d. DAT	E SIGNED	(Month, Day, Year)
TO B	30. NAME AND ADDRESS OF	DEBSON MINO	Z/W/	E OF BEATH HYP	. am . cr	Outer		0	3-	73	33	•	7.11	.93
	C-RAVI	MD,	NHO		AN	n A	11	570L	N	M	021	13	1.	
	31. DATE FILEO (Month, Day,	Year)	32. REGISTRAI	R'S SIGNATURE										

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burned be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw includes the continuate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been suped by the attending physician and complete	be filed within 72 hours after death with the State Dept. Of treatments within 72 hours after death with the State Dept.	IMPORTANT: If item 28 is marked, or item 23 shown any mury, or other traumatic event,
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	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC			MENTAL HYGIEN	_	20504
-	1. DECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	JOHN EARLE BOI					7 – 1		3 6:20 A M
	212-34-4004	XM 2 □ F		F UNDER 1 YEAR KINTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-8-19		BIRTHPLACE (State or Foreign Country)  MD .
12.	9e. FACILITY NAME (If not institution, give street	and number)		b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	
TOR	ROLAND PARK PI	LACE		BAL	TO.			
DIRECTOR	10a, STATE 10b, COUNTY  MD		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			BAL			District Control	1 YES 2 NO
FUNERAL	830 WEST 40TH	ST.		101.	2121	1		of what country?
5	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE — American Indian.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO ES	If yes, spe	2 NO Specify	n, Puerto Rican, atc.)		Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON Spinord	16e. DECEDENT'S U	SUAL OCCUPATION	IN .	16b. KIND OF BUS	INESS/INDUS	
	Elementary/Secondary (0-12)	ollege (1-4 or 5 +)	life. Do NOT use	rk done during mos retired.)	st of working			
MP		5+	PHYSI	CIAN		MEDIC	CAL DO	OCTOR
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Malden		
BE	JAMES BORDLEY	JR.			MARC	GRETTA HO	LLYDA	ΛY
<u>و</u>	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street ar	nd Number or Rural F	loute Number, City or Town	n, State, Zip Cor	de)
-	W.H. HOLDEN GI	BBS	115	QUAKE	R BOTTO	OM RD. SF	ARKS	MD. 21152.
	20e, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Removal  4 Donation 5 Other (Specify)		PLACE AND DATE OF Bery, crematory or othe EENMOUN			7/14 B		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS		E BIVIIO OI	22. NAME AN	D ADDRESS OF FAC	CILITY		
	M. Miam C.	PAIRETT				JENKINS		NS CO. MD. 21212.
	23. PART i. Enter the diseases, or com	plications that caused	the death. Do not	enter the mod	de of dving, such	R RD . BA	retory arrest	Approximate
	shock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition	only one ceuse on eed	ch line.				atory arrow.	interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF:	- AL:	2401	ntas		29/25
NO	Sequentially list conditions.	myoca	PROID	L IY	1FAR	CT		IYR
Ă	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	1100	70	O AVW	1	34B1
윤	CAUSE (Disease or injury c. —	DUE TO (OR AS A C	CONSEQUENCE OF):	Trie	2	OAVII	10	211,7
CERTIFICATION	resulting in deeth) LAST							
. 1	PART II. Other significant conditions co	noteibuting to death him		46				
8	PROJECTIE	CANCER		the underlying	cause given in i	Part I. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
١٩	(D) (D) (C)	OCHO!				1 ( TES 2	□ NO	OF DEATH?
PHYSICIAN: MEDICAL	LOCOVI CIN	ATCES			<u> </u>			1 TYES 2 THE
A N	25. WAS CASE REFERRED TO MEDICAL			26 PH	ACE OF DEATH (Che			
띯		OSPITAL: Inpatient 2 ER/Outpat		THER:				
Ĭ	27. MANNER OF BEATH	28e. DATE OF INJURY	28b. TIME (		5 Residence	8 ☐ Other (Specify)  28d. DESCRIBE HOW IN	HIDY OCCUP	ED.
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WOF		zod. DEGOMBE NOW II	SONT OCCOM	
D 84	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	- At home, term, stre			281. LOCATION (Street e	nd Number or F	Tural Route Number.
	4 Homicide determined	building, atc. (Specify	7)	3.00		City or Town, Stete)		- A-1 -1 -1111 (A-1-1-1
ا ٿ	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of my knowler	ige, death occurred	at the time, date	end place, end due	to the couse(s) and man	ner se stated	
COMPLETE	one) 2 MEDICAL EXAMINER: Or							usefs) and manner ea stated.
- 11	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			GNED (Month, Day, Year)
BE	MIN Cha	10.10				70	<b>&gt;</b> 7	112 102

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SAPIR

15 1993

DANIEL

R M.D. 9 EAST

EAST

CHASE ST. BALTO., md.

21202.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	IEALTH AND M	RENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	KATHARINE V.	BROWN				7 1	3 - 9	8:38 p M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign
	130-24-1542		87 YRS.   "	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-1-19		VA.
	9a. FACILITY NAME (If not institution, give	street and number)	9.1	9b. CITY, TOWN C	OR LOCATION OF DEA		9c. COUNTY	
DIRECTOR	ROLAND PARK	PLACE		B.	ALTO.			
ַ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v	40-0479	TOWN OR LOCAT				
E E	MD.	,			ION			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER			BALTO.	. ZIP CODE		1	1 X YES 2 NO
RA	A	C.T.		101				OF WHAT COUNTRY?
FUNERAL	830 W. 40TH	12. WAS DECEDENT EVER IN	ALLE ADMED	140 990 050	21211			J.S.A.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	ecify Cuban, Maxican,	C ORIGIN? (Specify Ye , Puerto Rican, etc.)	s or No— 14	. RACE — American Indian, Black, Whita, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 U YES	2 NO Specify:			Specify: WHITE
ED	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUS	
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use	rk done during mo retired.)	st of working			
AP.	12		HOUSE	VIFE		HOM	IEMAKE	R
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)	
BE (	FRANK A. BEN	NETT			EMMA	V. BRUN	INER	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural Ro	oute Number, City or Tow	m, State, Zip Co	de)
F	ROBINSON BROWN		2835	JAMES .	AVE SOU'	TH, MINNE	APOLI	S, MINNESOTA
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem		PLACEANDDATEOF		me of	DATE 20c. LO	CATION — City	or Town, State 55408
	4 Donation 5 Other (Specify)		etery, cremetory or othe GREENMOU	JNT CR	EMATORY	7/15 E	BALTO,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	R ADDRESS OF FACE	JENKINS	& SON	IS CO.
	► Walliam	K VAIRSI	4					D. 21212.
	23. PART I. Enter the diseases, or	complications that caused	tha death. Do not					
	shock, or haart failure.  IMMEDIATE CAUSE (Finel	List only Dna cause on ea	ach line.				, , ,	Interval Between
	disease or condition	· Pancieu	Ar Car	mean				Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	- Core				
z								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
EH	resulting in death) LAST	d						
	PART II. Other algnificant condition	na contributing to death be	ut not resulting in	the underlying	ceuse given in P	art I. 24a. WAS AN	AUTOBEV	24b. WERE AUTOPSY FINDINGS
CAL	Chronic Ot	structure	Pulina	alun	7	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Hupertensi				breas	1 🗆 YES 2	SHO	OF DEATH?
Σ	TI OFFICE PERSI	03				_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20 04	ACE OF BEATH (C)			
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Chec			
7	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME (		5 Residence 6			
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y WOI	RK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
B	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF INJURY	— At home, farm, stre			26f. LOCATION (Street )	and Number or I	Pural Pouts Number
	4 Homicide B Could not be determined	building, atc. (Speci	ify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	INC INCINDER OF F	nurai rioute nurrioer,
	29e. CERTIFIER							
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledge.	edge, death occurred	at the time, data	and pleca, and due to	the cause(s) end mai	ner ea stated.	
		ER: On the basis of examination	and investigation,	an my opinion, de				
BE	29b. SIGNATUME AND TITLE OF CERTIFIE	R CVA			29c. LICENSE NUMB		29d. DATE SI	GNED (Month, Day, Year)
2	)				D371	33	P +	115/93
	30. NAME AND ADDRESS OF PERSON WH			•	•			
	DONNA L. DOW M. 31. DATE FILED (Month, Day, Year)	1.D. 600 W.		KN PKW	Υ •			
7	1111 15 1993	32. REGISTRAR'S SI						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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DIVISION	1 OF
	DIVISION

Charles F. OtDonnell
31. OATE FILEO (Month, Day, Year) 32.

15 1993

a Deviden Booker

	1 - FOR STATE REGISTRAR		STATE OF I	MARYL			TMENT OF				HYGIEN REG. NO.		, ,	.0000	
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF MONTH	DEATH	AY	YEAR	3. TIME OF DEATH	
	FRANCES		RMA	· -	BUSC					_07	11	19	993	1-H	M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE	(In yrs. las		IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF (Month, D			8. BIRTH Countr	PLACE (State or Foreign	
1	219 30 4956	T	1 M 2 KF	8	4	YRS.		HOOKS		07 ]	5 19	08		ryland	
l @	9e. FACILITY NAME (If not it	nstitution, give s	treet and number)				9b. CITY, TOW!	OR LOCAT	ION OF DE	EATN		9c. COU	NTY OF D	EATN	
DIRECTOR	Greater Ba	ltimor	e Medica	l Ce	nter		Tow	son				Ва	altir	more	
) W	10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY	_
	Maryland	Bal	timore			L	uthervi	lle						LIMITS?  1 YES 2XX NO	
IA	10e. STREET AND NUMBER							IOF. ZIP COD	Œ			10g. CIT	ZEN DF Y	VHAT COUNTRY?	_
NER	45 Atherton	n Road						21	093			U.S	S.A.		
FUN	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1							IIC ORIGIN? (		or No-	14. RACE Black	- American Indian, t, White, etc.	
₽	3 Widowed 4 Dive		IF YES, GIVE V	MAR OR D	ATES			S 2 NO					Speci	fy:	
0	15. DEC	EDENT'S EDU	CATION		16a. DE	CEDENT'S	USUAL OCCUPA	TION		16h Ki	ND OF BUS	SINESS/INC	_	Vhite	_
ETED	(Specify online Elementary/Secondary (I	y highest grade 0-12)	completed) College (1-4 or 5	+)	(Gi	ve kind of a Do NOT us	work done during i se retired.)	nost of worki	ing						
鱼	ll Years				H	omem	aker				Own	Home			
COMPL	17. FATNER'S NAME (First, M	fiddle, Last)						18. MOT	NER'S NA	ME (First, Mide					_
BE (	Frank John		linicke					E	stel	la Gi	unew	ald			
2	19a. INFORMANT'S NAME (	Type/Print)					ADDRESS (Stree				City or Town	n, State, Zip	Code)		
	Robert P. I						. Knoll		Pla	ce (	locke	ysvi.	lle,	Md. 21030	
	20e, METHOD OF DISPOSIT  1 N Buriel 2 Crematic	on 3 🗆 Rem	oval from State	cen	netery, crer	netory or o	ther place)			OATE		CATION -			
1	4 Donetion 5 Other		CENSFF	_ Mo	orel	and l	Memoria	l Par		7/14	P	arkv:	ille	, Maryland	_
	> Wal	lace.	S. Bu	obi	321		Ru	ck To	wson	Fune:					
	23. PART I. Enter tha d	iseases, or o	complications the	t ceuse	tha de	eth. Do r								Approximate	_
	IMMEDIATE CAUSE (Fir		cist only one cat	use on a	ecn line.	0								Onset and Dear	
	disease or condition resulting in death)	<b>→</b>	. Car	-d	in	17.6	Sher	ala	res	,					
			DUE TO	(OR AS	CONSEC	UENCE O	7	,	10					1	_
NO	Sequantielly list condit	ions,	b	(OR AS A	1	de	1111	The	la	****				6WKS	_
RTIFICATION	If any, leeding to imme cause. Enter UNDERLY		A	Q	7 5	DENCE OF	r):								
임	CAUSE (Disease or Injuthat initiated events	iry	C. DUE TO	(OR AS A	CONSED	UENCE OF	F):							<del> </del>	
ᇤ	resulting in death) LAS	T	d												
8	PART II. Other algolfice	nt condition	a contribution to	dooth b											_
SA CA	2.10	171		death b	di not n	surting	T une underlyi	ng cause	given in	-	PERFOR	MED?	24b.	WERE AUTOPSY FINDING: AVAILABLE PRIOR TO	5
MEDIC	- 770,00	At	- 500		LEA	0	100	+-	100	1	YES 2	NO		OF DEATH?	
	70	1	1 433,	zee	_		- Ase	705	1421	2/				1 YES 2 NO	
AN	25. WAS CASE REPÉRRED TO	D MEDICAL		_	_		26.	PLACE OF D	DEATH (Chr	eck only one)					_
Sic	1 € VES 2 □ NO		HOSPITAL:	ER/Outp	ettent 3	DOA	OTHER:				neciful				_
PHYSICIAN:	27. MANNER OF DEATN		28s. DATE OF (Mjorth, O	MUURY		28b, TIM	E OF 28c. II	JURY AT		28d. DESCR		NJURY OC	CURED		-
ВУ		Pending Investigation	6-	4-9	23	1	E.T	YES 2	( NO	Fe	2///	11/1	20	n- Hans	6
		Could not be	26e. PLACE D building,	otc, (Spec	— At hor	ne, term, :	street, factory, of	ice		261. LOCATION		and Number	or Rural R	oute Number	
ETE	4 Homicide	determined	11:3300	1 /	me	2				45 B	the	rlen	·RJ-	LUTherin	2
IPLI			CIAN: To the best of												
COMPL														) end menner ee stated.	
ш	296. SHOHATHINE AND TITLE	ОР-СЕНТИНЕ	7	_		-	1	29c, LIC	ENSE NUM	шен		294. DATE	SIGNED	(Month, Djay, West)	-
0 B	Mhail	2/0	1/10	ne	re	1	alla	ID	-01	138	3	1	7//2	193	
	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CALL	SE OF DE	ATM CITEM	270 (Tena	Durinel								_

11 MD 7505 Osler Drive Towson, Maryland 21204

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shows any injury,

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Item

TO THE FUNERAL OF THE FUNERAL OF FILED WITHIN 72 PM IMPORTANT: If It HOSPITAL

BALTIMORE, MARYLAND 21215-0020

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within OIRECTOR: After the hours after death v

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH

10 23 a m 2. DATE OF DEATN BOSSE Gerald L. Bosse LEE 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign 12-38-0629 (Month, Day, Year) M 2 F 53 Maryland 9b. CITY, TOWN OR LOCATION OF DEATN 9c. CQUHTY OF DEATN HOSPITAL OSEP TOWSON. BALTO DIRECTOR RESIDENCE OF DECEDEN 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland
100. STREET AND NUMBER Baltimore Phoenix FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 Siesta Garth U.S.A. 21131 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 Never Married 2 Merried 1 YES 2X HO BY Specify Specify: White 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Vice President - Martin Surfacing & Decking, Inc. 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)
Doris E. Warch (Rothauge ) Louis T. Bosse, Jr. BE 19e. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
7 Siesta Garth, Phoenix, Md. 21131 2 Linda W. Bosse 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Buriel 2XX remation 3 Removal from State
4 Donation 5 Other (Specify) Hilltop Service Corp. 7-17-93 Towson, Maryland 21204 21. SIGNATURE OF FUNEBAL SERVICE LIGHNSEE 22. HAME AHD ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete Intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO Heart Black MEDICAL CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 HO 1 TES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Reeldence 8 - Other (Specify) 28e. DATE OF IHJURY (Month, Day, Year) 27. MAHHER OF DEATH 28b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW IHJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 HO B 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEHSE HUMBER 29d. DATE SIGHED (Month, Day, Year) BE 2 O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 740/0561 40-5e Year. 32. REGISTRAR'S SIGNATURE

na Davidson Rondalle

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending bypsici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

A. SOCIAL SECURITY NUMBER  2.14-62-2875  S. SEX  6. AGE (in yrs. lest birthday)  9a. FACILITY NAME (if not institution, give street and number)  9a. FACILITY NAME (if not institution, give street and number)  9a. FACILITY NAME (if not institution, give street and number)  9a. FACILITY NAME (if not institution, give street and number)  9a. FACILITY NAME (if not institution, give street and number)  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. STREET AND NUMBER  10c. STREET AND NUMBER  11. MARGIAL STATUS  12. WAS DECEDENT VER IN U. S. ABMED  12. WAS DECEDENT OR (Specify Visa or No— If yes, specify Culgan, Marsican, Puarto Rican, etc.)  11. Whover Married 2 Married  3 Middowed 4 Divorced  15. DECEDENT'S EDUCATION  16. DECEDENT'S USUAL OCCUPATION  16. DECEDENT'S USUAL OCCUPATION  16. DECEDENT'S USUAL OCCUPATION  16. DECEDENT'S NAME (First, Middle, Malden Surname)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)  19a. INFORMANT'S NAME (First, Middle, Malden Surname)  19a. NETHOD OF DISPORTION  11. Surname  19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State 2 or Conference of the place)  19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State 2 or Conference or Public Place)  19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State 2 or Conference or Public Place)  19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State 2 or Conference or Public Place)  19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State 2 or Conference or Public Place)  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  11. Was specify Culgan, Marican, Puarto Rican, etc.)  11. Was specify Culgan, Marican, Puar	AR 3. TIME OF DEATH  MINITHPLACE (State or Foreign ountry)  MD .  OF DEATH  10d. INSIDE CITY LIMITS?  10 Es 2 NO  OF WHAT COUNTRY?  ARACE — American Indian, Black, Whita, atc.
A SOCIAL SECURITY NUMBER  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  5. SEX  5. SEX  4. O YRS.  6. AGE (In yrs. lest birthday)  6. COUNTY  6. CITY, TOWN OR LOCATION OF DEATH  6. COUNTY  100. CITY, TOWN OR LOCATION  100. STREET AND NUMBER  101. ZIP CODE  102. CITY, TOWN OR LOCATION  103. STATE  104. ZIP CODE  105. CITY, TOWN OR LOCATION  105. ZIP CODE  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  107. ZIP CODE  108. STATE  108. STATE  109. ZIP CODE  109. CITY Yes or No.  11	MINTHPLACE (State or Foreign ournity)  MD .  DF DEATH  10d. INSIDE CITY LIMITS? 1 DES 2 NO  OF WHAT COUNTRY?  ARACE — American Indian, Black, Whita, atc.
4. SOCIAL SECURITY NUMBER  214-62-2875  12M 2 F 40 YRS.  9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  BAltimore  10c. CITY, TOWN OR LOCATION OF DEATH  BAltimore  10d. STREET AND NUMBER  11d. MAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, Puarto Rican, etc.)  11d. MAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, Puarto Rican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, Puarto Rican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, puarto Rican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, etc.)  11d. Mas DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yea, specify Cighan, Marican, etc.)  11d. Mas DECEMBE	OF DEATH  10d. INSIDE CITY LIMITS? 1 DES 2 NO OF WHAT COUNTRY?  A. S. A.  RACE — American Indian, Black, Whita, atc.
214-62-2875  98. FACILITY NAME (if not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  1441 Limit Ave. Apt G.  RESIDENCE OF DECEDENT  106. COUNTY  106. STATE  106. COUNTY  106. STATE  106. COUNTY  107. STATUS  108. TATUS  109. CITY, TOWN OR LOCATION  119. MAS OCCEDENT  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OF HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OR HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OR HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OR HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OR HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OR HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OR HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OR HISPANIC ORIGIN? (Specify Yea or No—  119. MAS OCCEDENT OR HISPANIC ORIGIN? (Specify Yea	MD.  DF DEATH  10d. INSIDE CITY LIMITS? 1 DES 2 NO  OF WHAT COUNTRY?  A. A.  RACE — American Indian, Black, Whita, atc.
98. FACILITY NAME (If not institution, give street and number)  1441 Limit Ave. Apt G. BAltimore  RESIDENCE OF DECEDENY  108. STATE  109. COUNTY  109. STREET AND NUMBER  110. MAS OCCEDENT EVER IN U. S. ABMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES  110. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. Specify only highest grade completed  110. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade of work done during most of working  110. MAS OCCEDENT'S USUAL OCCUPATION (Specify only highest grade or no—	10d. INSIDE CITY LIMITS? 1 DES 2 NO OF WHAT COUNTRY?  RACE — American Indian, Black, Whita, atc.
1441 Limit Ave. Apt G.   BAltimore	10d. INSIDE CITY LIMITS? 1 DES 2 NO OF WHAT COUNTRY?  A. S. A.  RACE — American Indian, Black, Whita, atc.
10e. STREET AND NUMBER  11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARIMED 13. WIS OECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yes, specify Cuban, Maxican, Puerto Ricen, etc.) 1	LIMITS?  1 DES 2 NO  OF WHAT COUNTRY?  S.A.  RACE — American Indian, Black, Whita, atc.
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Section   Specify:	
15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (Type/Print)  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cool  19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Route Number, City or Town, State, Zip Cool  19b. Mailing Address (Street and Number of Rural Rout	
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4 Donation 5 Other (Specify)  ARBUTUS MEMORIAL FILE ARBUTUS  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY	40
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY	710
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY	or town, Stata
	140.
iteda la	
BETTS PUNERAL HOME 1129 N. CAROLINE ST. BA	16, NO 21213
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Onset and Death
CAUSE Chlore or Injury	
CAUSE (Disease or Injury that initiated events Due to (or as a consequence of):	
resulting in death) LAST	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 MO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
	15 153 15 75
2	
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER: OTHER:	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	0
	1
n 2 Accident Investigation M 1 YES 2 NO	
1 Natural 5 Pending M 1 YES 2 NO  2 Accident Investigation 29 PLACE OF INVIDITY Above 4	
1 Natural 5 Pending M 1 YES 2 NO  2 Accident Investigation 22 PLACE OF IN HIDY Above (4 The Park of Investigation	
EXAMINER?  1   YES 2 NO  1   Inpatient 2   ER/Outpatient 3   DOA 4   Nursing Home 5   Raeldence 6   Other (Specify)  27. MANNER OF DEATH    Natural 5   Pending Investigation   Suicide   Gould not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or R. City or Town, State)  29a. CERTIFIER (Check only one)   MEDICAL EXAMINES OF Instance of	ural Route Number,
Natural   S   Pending   Investigation   S   Pending   Investigation   S   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Richt of Number or Richt)   City or Town, State)	ural Route Number,
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Natival   Second   Investigation   Suicide   Second   S	iral Route Number, ise(a) and manner as stated.  NED (Month, Day, Year)
Natural   Street   Pending   Investigation   Street   Street   Pending   Investigation   Street   Street   Pending   Investigation   Street   Street   Pending   Street   Pending   Street   Pending   Pendi	iral Route Number, ise(a) and manner as stated.  NED (Month, Day, Year)

Julie Savidson- Mandalle

DHMH-16 Rev 1/89

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I	4. SOCIAL SEC
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1	9a. FACILITY N

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DE							
	CEDENT'S NAME (First, Middle, Last)	. But	IFR		2. DATE OF DEATH	× 91	3. TIME OF DEATH
4. SO	CIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0 1	BIRTHPLACE (State or For
2	48-01-6851	1 M 2 0 F		NTHE DAYS HOURS MIN.	(Month, Day, Year)	4	country) Carol
	ACILITY NAME (If not institution, give a	treet and number)	96	CITY, TOWN OR LOCATION OF		9c. COUNTY	0-11
RES 10a. S	N. Cather	ine St.		Baltim	ove		-ity
10a. 5	STATE 10b. COUNTY	1	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
M	aryland (	-1+4	Bo	Itimore			1 YES 2 1
10e. S	STREET AND NUMBER			101. ZIP CODE	2	10g. CITIZEN	OF WHAT COUNTRY?
100. 5	ARITAL STATUS	12. WAS DECEDENT EVER IN	II P ADMIN	13. WAS DECENDENT OF HISP	<u>3</u>	14.5	>. A .
10	Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Caban, Maxie	can, Puarto Rican, etc.)	14.	RACE — American India Black, Whita, alc. Specify:
'    -	Widowed 4 Divorced				,		Blac
E	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BU	SINESS/INDUST	THY
E	lementary/Secondary (0-12)	College (1-4 or 5 +)	. 1	ician	Hos	pital	
17, FA	THER'S NAME (First, Middle, Last)	2 11			AME (First, Middle, Maide	Surname)	
<u></u>	homas B	. Butle		Mar	y Moo		
190. 11	NFORMANT'S NAME (Type/Print)	+los	196. MAILING AD	DRESS (Street and Number or Rura	Route Number, City or To	wn, State, Zip Coo	1
	METHOD OF DISPOSITION	200	PLACE AND DATE OF D	ATMERINE ST	DATE 20c. L	OCATION - City	or Town State 4
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21. SP	IGNATURE OF FUNERAL SERVICE LIC	CENSEE	371				
	Mom P.	harch.	~.		Iton Pass	Balto.	Mol 2122
if an caus	uentially list conditions, ny, leading to immediate se. Enter UNDERLYING ISE (Disease or Injury	с	CONSEQUENCE OF):				
that resu	Initieted events itting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
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N 04 m	T II. Other algnificent condition	s contributing to death bu	t not resulting in ti	he underlying cause given is			
II 04 m	T II. Other algnificent condition Se12ure	Division	it not resulting in the	he underlying cause given i		RMED?	24b. WERE AUTOPSY FIN AMALABLE PRIOR 1 COMPLETION DF C. OF OEATH?
MEDICAL		- '	et not resulting in the	he underlying cause given in	PERFO	RMED?	AMAILABLE PRIOR 1 COMPLETION DF C
MEDICAL	Serzure	- '	<	ne	PERFO	RMED?	AMAILABLE PRIOR 1 COMPLETION DF CO OF OEATH?
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TO BE COMPLETED BY PHYSICIAN: MEDICAL  TO BE COMPLETED BY PHYSICIAN  TO	AS CASE REFERRED TO MEDICAL  XAMINER?  YES 2 XNO  ANNER OF DEATH  Netural 5 Pending Investigation  Suicide 8 Could not be determined  CERTIFYIND PHYSI  MEDICAL EXAMINE  SOLATURE AND TRUE DE CERTIFIE  MEDICAL EXAMINE	Braws  Braws  HOSPITAL: 1   Inpetient 2   ER/Output 28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Special CIAN: To the basis of examination	At home, farm, streety)  At home, farm, streety)  At home, farm, streety)  At home, farm, streety)	26. PLACE DF OEATH (CT Nursing Home 5 Residence F 28c. INJURY AT WORK?  M 1 YES 2 ND ont, factory, office  At the Hime, data and place, and do n my opinion, death occurse at the LICENSE NI	PERFO  1 YES  1 YES  1 YES  2 Hock only one)  2 Hother (Specify)  2 Hother (Specify)  2 How (Street How of North How (Street How How )  2 Hother (Specify)  3 Hother (Specify)  4 Hother (	INJURY OCCUR and Number or in enner as stated, and due to the ci	AMALABLE PRIOR COMPLETION DF COOPLETION DF COOPLETION DF COOPLETION DF COOPLETION DF COMPLETION DF C

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and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	200	fter	eath
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 now	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	P
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH aymono BIORKL 145 JND 4. SOCIAL SECURITY NUMBER 5. SEX G. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Your 2 | 15 / & BIRTHPLACE (State or Forman IF UNDER 1 YEAR IF UNDER 24 HRS. Mimesota 1 M 2 - F 779 543-07-3662 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH TR Shock LT DIRECTOR OR IM RESIDENCE OF DECEDENT 10a. STATE 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 10b. COUNTY Ohio Perry sburg 1 TES 2 NO Wood FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE Mand 14. RACE 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 2 X NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 Bus Driver Transportation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Alice Axel Johnson OV notified at BE 19s. INFORMANT'S NAME (Type/Punt) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8724Mandell Road Vivian Bjorklund Perrysburg, Ohio 43551 pe 20s. METHOD OF DISPOSITION
12 Burial 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State must of commetary, crematory or other place)
Portland Memorial, Inc. 7/10 Portland, Oregon 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 0 3981Carrollton Road Upperco, Mary 1 1155 medical 23. PART I. Enter the diseases, or complication that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. Liet only one cause on each line. EXMU IMMEDIATE CAUSE (Final the diseese or condition\_ hrs brain resulting in death) DUE TO (OR AS A CONSEQUENCE OF) bra day traumatic CERTIFICATION Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events bdura 6 day other t DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any C OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 266. TIME OF INJURY 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURE marked, 1 Natural 2 O 9 5 Pending Investign Subject 1 YES 2 1 NO house BY 2 Accident 28a. PLACE OF INJURY — At he building, etc. (Specify) 261. LOCATION (Street City or Town, State 8724 3 Sulcide 69 8 Could not be determined COMPLETED TO THE HOSPITAL OR ATTENC TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the 296. SIGNATURE AND TITLE OF/CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 93 D40194 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore, MD S. Greene MIEWMS

32. REGISTRAR'S SIGNATURE

MORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN (MARCUS SAMUEL COHEN) Graws ren 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) FEB. 6, IF UNDER t YEAR 8. BIRTNPLACE (State or Foreign DAYS MARYLAND 213-05-3310 1 XM 2 | F 83 YRS. 1910 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR LIBERTY MEDICAL CENTER BALTIMORE 10c. CITY, TOWN OR LOCATION BALTIMORE 10e. STATE 10b COUNTY 10d. INSIDE CITY LIMITS? MARYLAND permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE t0g, CITIZEN OF WHAT COUNTRY? has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 5901 WINNER AVE 21215 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerio Rican, etc.)
1 YES 2 NAS. Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XXNO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WEITE BΥ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ring most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 SALESMAN HUTZLER BROS. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) at MORRIS COHEN SARAH GOLDMAN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5901 WINNER AVE. BALTIMORE, MD 21215 MRS RUTH COHEN pe 20a. METHOD OF DISPOSITION
1 Sturiel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must ANSHE "EMUNAH" (AITZ CHAIM) 7-15-93 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 21215 ation, or removal, 6010 REISTERSTOWN RD. BALTIMORE MD 23. PART I Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** shock or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE Final **Onaet and Death** disease or condition resulting in death) event, OUE TO OR AS A CONSEQUENCE OF): DNSUFFICIENCY traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 shows any injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE t YES 2 THO 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? ltem. 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL: 1 YES 2 NO OTHER 6 27. MANNER OF BEATH 28s. DATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY 1 Natural 1 YES 2 NO ВҰ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner ee stated, To the hospita To the funera be filed within 7 IMPORTANT: I 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 7-14-93 and 7203 2 30. NAME AND AGORESS OF PERSON LETED CAUSE OF OEATH (ITEM 27) (Type, Print) Biltime KANCE DRF Moch 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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ITEMS: 23 PART I, II, 27, 28a-f, PER MEO G-701 7/19/93 t.t

	1. DECEDENT'S NAME (Fi	rst, Middle, Lest)						MONT	OF DEATH	AY_	YEAR	3. TIME OF DEATH
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	215-52-38		5. SEX 1 □XM 2 □ F	6. AGE (In yrs. Is. 43		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH (1) 20/4	9	Count	HPLACE (State or Fore try) laryland
H.	98. FACILITY NAME (# not 3717 MT.			EET			OR LOCATION OF E	EATH		9c. COUN		DEATH
5	RESIDENCE OF DE	10b. COUNT	· ·		T 400 OI	TY, TOWN OR LOCA				1		
DIRECTOR	Maryland	100.00011	City			altimor						10d, INSIDE CITY LIMITS?  1 YES 2 N
	10e. STREET AND NUMBE						Of. ZIP CODE			10g. CITI2	ZEN OF	WHAT COUNTRY?
FUNERAL	3717 Mt.	Plea					21224				. S.	Α.
BY FU	11. MARITAL STATUS 1 Never Merried 2 [ 3 Widowed 4 DI		FORCES?	NT EVER IN U.S. AI 1 YES 2 XX WAR OR DATES		If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	an, Puerto	N? (Specify Ye Rican, etc.)	s or No	14. RAC Blac Spec	E — American Indian ok, White, etc. city: Whit
9	15. Di (Specify of	ECEDENT'S EDU	JCATION e completed)	(0	live kind of	USUAL OCCUPAT work done during n	ION lost of working	168	. KIND OF BU	SINESS/IND	USTRY	WILL
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COMPLETED	17. FATHER'S NAME (First,	Middle, Last)					18. MOTHER'S N	AME (First,			010	
ш	William		n Carli	le			Roxey					
TO B	Mrs. Rox		Carlil				and Number or Rural					21224
	20e. METHOD OF DISPOS	ITION		20h BLACE	ANDDATE	OF DISPOSITION (	lama of	DAY	200 10	CATION (	No. of T	Course State
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	011	104	ZENSEE Hila	ry L.			AND ADDRESS OF F	ACILITY		f Ma		
	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (f disease or condition resulting in death)	diseases, or heart fellure.	complications the	Stall et ceused the duse on each line	ings	Crem 299 not enter the m	AND ADDRESS OF FI I ation S Frederi	Socie ick 1	ety o	alti	ry1 mor	e, Md 2
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		permit. Pages 1, 2, 3 should		
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

Lauri Harris MD
31. DATE FILED (Month, Day, Ybar)
JUL 15 1993

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLAI				EALTH AND	MENTAL	L HYGIEN	_	3	20513	
9	DECEDENT'S NAME (First, Middle, Last)  WALTER RUSSELL ET  4. SOCIAL SECURITY NUMBER		yrs, last birthday)	IF UNDER	N 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF DEATH D	3	93	3. TIME OF DEATH 4:29 a LACE (State or Foreign	
Į,	212-26-5006  9s. FACILITY NAME (If not institution, give s	1 X M 2 □ F 63	YRS.	9b, CITY	DAYS	HOURS MIN.		Day, Myon)	1929	MAR'	YLAND_	
DIRECTOR	FRANKLIN SQUARE	HOSPITAL		BAL	TIMO	RE, MD.				imore		
		, ΓΙΜΟRE		Y, TOWN ( LTIM(		TION					IOd. INSIDE CITY LIMITS? I YES 2 X NO	
FUNERAL	33 D MOPEC CIRCLE					21236			10g. CITIZ	US/	A COUNTRY?	
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FDRCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO		If yes, sp	ENOENT OF HISPA ecity Cuben, Mexico 2 NO Specie	an, Puerto F	? (Specify Yes tican, etc.)	or No-	Black,	American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 1 completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done se retired.)	during ma		16b.	KIND OF BUS	TAXIC			
BE CO	17. FATHER'S NAME (First, Middle, Last) HENRY	EBERWEIN				18. MOTHER'S NA MARC	IE			HAMI	LTON	
10	190. INFORMANT'S NAME (Type/Print) BEVERLY A. MAYFII	ELD	196. MAILING	04 CI	s (Street a RANE	LANE BA	Poute Numb	ORE, M	n, State, Zip D. 21	220		
	20s. METHOD OF DISPOSITION  1 General 2/C Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  4 Donation 6 Other (Specify)  HILL TOP SERVICE CORP. 7/15/93 TOWSON MD.											
	HANDE OF FUNERAL SERVICE LIC	landohn E.	DOLAN	LI	EONA	RD J. RU	ICK, I		MORE	MD	21214	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximata interval Between Onest and Death Onest and Death											
	disease or condition resulting in death)	Respiratory			cond	ary Hemo	ptsis	3			Onset and Death	
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CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cardiac Arr	est									
	PART ii. Other aignificant condition	a contributing to death but	not resulting	In the ur	nderlying	g cause given in	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							_	1   YES 2		3	COMPLETION OF CAUSE OF DEATH?	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF OEATH (C)	heck only one	9)				
	1  YES 2  ND  27. MANNER OF DEATH  1  Natural 5  Pending	1 Inpatient 2 SPER/Outpati	□ Inpetient 2 SER/Outpatient 3 □ DOA 4 □ Nursing Home 5 □ Residence  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY WORK?									
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DF INJURY — building, etc. (Specify)	M 1 YES 2 ND  28e. PLACE DF INJURY — All home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		CIAN: To the best of my knowled									and menner as stated.	
BE C	2 MEDICAL EXAMINER: Dn the besis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE DF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)											

29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) EO CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Square Drive Baltimore, Md 21237 DHMH-16 Rev 1/89

REG. NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attainment and account of the hospital or attainment of the hospital or attainm	,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1993

1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH AIDA" YEAR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (St 1 M 2 K F 219-10-0421 86 1907 Pennsylvania Jan 6, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown Baltimore County RESIDENCE OF DECEDEN 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Co. Woodlawn 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2668 West Park Drive 21207 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 K NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify. BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade Housekeeper Lorraine Park Cemetery 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Aaron Haupt Sarah Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Ardeth Lattea 2668 West Park Dr. Baltimore, MD 21207 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION - City or Town, Stata METHOD OF DISPOSITION

METHOD OF DISPOSITION Lorraine Park Cem. 7-12-93 Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PART is Inter the diseases, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiratory street, Approximate shock, or heart failure. List only one ceuse on eech line, IMMEDIATE CAUSE (Final Onset and Dasth diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF MULLER PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immedieta cause. Enter UNDERLYING 01 (IX CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATN? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) EXAMINERS HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residenca 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 5 Pending investige Netural BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 DEERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of exe stion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BE 25c, LICENSE NUN 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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BOX 68760, 0 DIVISION OF VITAL RECORDS,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH HOWARD JOHN FORNEY, SR. 1255 PM 07 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 - F GT YRS. 218-18-8863 MARYLAND 4-11-26 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Saint Aques Hospita BALTIMORE CITY Bultimore Md 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE RANDALLSTOWN 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 4 CINNAMON CIRCLE APT. 1B 21133 UNITED STATES 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 2 X NO 1 Never Married \_\_2 Married ВҰ 3 Widowed 4 Divorced Specify WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) LINE ASSEMBLY 8TH GRADE GENERAL MOTORS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GERTRUDE MOORE HOWARD P. FORNEY te notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7074 BRIDLE COURT SYKESVILLE, MD 21784 MRS. JOAN CONWAY å 20a. METHOD OF DISPOSITION

WXBurlel 2 Cremation 3 Removal from State
4 Donation A Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must MEADOWRIDGE MEMORIAL PARK 7/14 ELKRIDGE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY LORING BYERS FUNERAL DIRECTORS, INC. amos 8728 LIBERTY ROAD RANDALLSTOWN, MD 21133 medicai 23. PART /. Enter the diseases, or complications the class the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death the INFARCTION disease or condition ACUITE MYOCHROIML resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that Initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE been signed by ot. of Health and shows any lo 0000 11 respiratory famine 1 TYES 2 NO Heart Failure OF DEATH? Congestive 1 TYES 2 NO PHYSICIAN: has be Dept. h the State D. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO ВҰ 2 Accident TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If item 28 is m 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)
29a. MEDICAL EXAMINED, On the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated. 2 \_\_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER M.D. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Median Rendert ► JULY 11, 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) St. Agrica Hospital Oabrel de Guernan M.O. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1 5 1993

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			1. DECEDENT'S NAME (First, Middle, Last)			J	IOAII		DEAL		2. DATE OF				TIME OF DEATH	
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		- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, De	BURTH			ACE (State or Foreign	
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2		0 E	Maryland General Hospital Baltimore City													
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120 hysic		- 11	1 Never Married 2 Married	FORCES? 1	T EVER IN U.S.	NO		If yes, sp	ecify Guber	n, Mexican	C ORIGIN? (S , Puerto Rica	pecify Yee o	Yee or No— 14. RACE — American Indian, Black, White, etc.			
5-0020 nding physic as the burial		B	3 Wildowed 4 Divorced	IF YES, GIYE V	WAR OR DATES			1   YES	2 XNO	Specify:			- 1	Specify:		
r attend		ETED.	15. DECEDENT'S EDI (Specify only highest grad		16a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b. KII	IO OF BUSIN	NESS/INDUS		Lack	
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AND the hospit detached	6	COMPL	9th			UNK										
the the	once.	8	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAM	IE (First, Midd	le, Maiden Su	ımame)			
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Page I			21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Mt	· Cal	Var	NAME AL	OM.	7_1 s of fac	2-93 ILITY	L_Ann	Anr	rund	el,Md.	
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B, after of the by the	ea -	-i	Albert P. Wylie-Mortician  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
BALTIMORE, within 24 hours after death. Page 6 may be noted filled in by the funeral director, page cremation, or removal	medical		anock, or heart failure,	List only one cau	ise on each li	ne.	not entar	the mo	oda ot dyn	ng, sucn	as cardiac	or respira	tory arrea	t,	Approximate interval Between	
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00 # 50	-	<u> </u>	CAUSE (Disease or injury	C	(OD 10 1 DO)											
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VISION OF VITAL RECOR ATTENDING PHYSICIAN: The law requires that ECTOR: After this certificate has been signed by a stree death with the State Dent. of Health and	Item 23 sh	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-2-3		OTHE		LACE OF DE	EATH (Chec	ck only one)					
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ISI TEN THEN THEN	28 ls		4 Homicide 8 Could not be determined	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	ationi, race	ory, orne			City or To	wn, State)	a Number of	nurai noute	Number,	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2. DATE OF DEATH 3. TIME OF DEATH MADELINE YEAR **ANNA GRAVES** Anna **GRAVES** 1993 Ju<sub>1</sub>y 2:50 DM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH FLB. 16, 1896 IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 X F DAYS HOURS MIN. MARYLAND 97 217-54-0229 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANKLIN SOUARE HOSPITAL BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Perry Hall 1 TYES 2 TO NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3721 Proctor Lane 21236 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto R

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY mentary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) **THOMAS** MC GOVERN MARY MC HALE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DOLORES B. OHARA 3721 PROCTOR LANE BALTIMORE, MD. 21236 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State "NEW"CATHEDRAL CEMETERY 7/19/98 BALTIMORE, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEONARD J. RUCK, INC. Paul La 5305 HARFORD ROAD BALTIMORE, MD. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, ehock, or heert feliure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition . Gastrintestinal Bleed and Renal Failure resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY - At home, term, street, fectory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atteted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE rellians annotte, 41 D43954 2 WIND COMPLETEO CAUSE OF GEATH (ITEM 27) (Type, Print) William Stinnette M.B. 9000 Franklin Square Drive Baltimore. Md 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 3 ne wendown-porder 10 1993

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours when earth, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the attending personnel or		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical staminer must be notified at once.
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	FOR 1. STATE REGISTRAR	STATE OF MA	ARYLAND / DI	EPARTI	MENT OF H	EALTH AND		GIENE 93	3 205	18
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICATE OF DEATH			2. DATE OF DE	G. NO.	3, TIME O		
TO BE COMPLETED BY FUNERAL DIRECTOR	FRANCES N		GINEVAN			07		93 11:30	O AM M	
	4. SOCIAL SECURITY NUMBER  21.3 28 861.0  5. SEX  1 □ M 2 ★★		6. AGE (In yrs. last birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  Nov. 8, 1919  8. BIRTHPLACE (State Country)  West Vi				
	96. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE  A.A. COUNTY  RESIDENCE OF DECEMENT									NTY
	100. STATE 10b. COUNTY Maryland Anne Arundel		10c. CITY, TOWN OR LOCATION				Pasadena			DE CITY 18?
	100. STREET AND NUMBER 768 203rd St.		101. ZIP CODE			22		EN OF WHAT COUN	ITRY?	
	11. MARITAL STATUS 12 WAS DECEDENT		YES 2 X NO It yes, ape		ENOENT OF HISPANIC ORIGIN? (Specify Year specify Cuban, Mexican, Puerto Rican, etc.)  2 X NO Specify:		cify Yes or No-	United States  or No-  14. RACE - American Indian, Black, White, etc.  Specify:  White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retinal.)			166. KIND OF BUSINESS/INDUSTRY Board of Education			
	8 17. FATHER'S NAME (First, Middle, Last)	Custodi			todian					lic Sch
	Albert Montgomery						NAME (First, Middle, Melden Surname) ella			
	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  768 203rd St., Pasadena, MD 21.122									
	20e. METHOD OF CISPOSITION  100 Burlet 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION /Name of cameleny, cremetory or other place)  Crestlawn Memorial Park 7/13/93 Sykesville, MD									
	21. SIGNATURE OF YUNERAL SERVICE LICENSER			22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD 21122						
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Coul	aused the death on each line.	Ne	antar tha mod	da of dying, suc	h an cardiac o	r reapiratory arre	st, App	roximata rvai Between et and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ons, Oue to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):							tiks	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Tard   Stage   According   Company   Company									
	296. CERTIFIER  Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated.  296. SIGNATURE AND TITLE OF CERTIFIER:  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE NUMBER  299. DATE SIGNED (Month, Day, Year)									
F	30 NAME AND ADDRESS OF PERSON WH	COMPLETED COMP			100	- V			<del></del>	

BAYINNAH SHABAZZ, /1600 CRAIN HWY/GLEN BURNIE, 31. DATE FILED (MORE) DE 1993

21061

bol:

the contract of the contract o	ERAL DIRECTOR: After thi	e med within 72 hours after death with the state dept. On relating hyperic print to build, cremation, of removal. MPORTANT, it from 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examinar must be notified at none.
-	TO THE FUN	IMPORT

	1 - STATE REGISTRAR	STATE OF M.	ARYLAND /   Ce	DEPAR RTIF	ICATE	OF H	EALTH	AND M		HYGIENE			
	1. DECEOENT'S NAME (First, Middle, A UDR	A AUDRA			-	CKEY				DEATH 7	Υ	-93 YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 234-38-275		8. AGE (In yrs. lest.	birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	BIRTH ey: Year) 7 - 19	2.0	Countr	.,
	9e. FACILITY NAME (If not institution,	, give street end number)		_	9b. CITY	TOWN O	R LOCATIO	N OF DEA	4 - 1	7-19		WEST NTY OF D	
6	St. Agnes I				Ва	lti	more	:				na	
DIRECTOR		COUNTY		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
	Maryland	na		В	alti	mor	e					ľ	LIMITS? 1 YES 2 NO
RAL	10e. STREET AND NUMBER		0 - 1		,	101.	ZIP CODE				10g. CITI		HAT COUNTRY?
FUNERAL	3330 Wilkin	12. WAS DECEDENT				MAS DECI		229	C ORIGIN? (S	San althu Man	N- T		JSA
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 NO	no	1	f yes, spe	2 NO	, Mexicen,	, Puerto Rica	in, etc.)	or no	Speci	Mhite, etc.  White, etc.
1ED	15. DECEDENT' (Specify only highes	S EDUCATION f grade completed)	(G/ve	kind of v	USUAL OG	CCUPATIO	N it of working	7	16b. KI	ND OF BUSI	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us	e retired.)						Ног	mema	ker
NO.	17. FATHER'S NAME (First, Middle, La	st)					18. MOTH	ER'S NAM	E (First, Midd	lle, Maiden S		in e in e	INCL
BE C	William Fr								Ann				
2	190. INFORMANT'S NAME (Type/Print Doris Bohann	•							oute Number,				21208
	20a. METHOO OF DISPOSITION		20b. PLACE AN					enue	OATE	T	ATION -		
	1 Buriel 2 Cremetion 3 4 Constion 5 Other (Specify,	)	cemetery, crem				-71			CSLD TO			
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE Ronal	d Wade	, D									my Board
	bocape Bi	les fort	7.0										21201
	23. PART I. Enter the disease shock, or heart fel immediate CAUSE (Finel disease or condition resulting in death)	Pull M	e on each line.	1 8	000	MA D				or respire	atory arr	rest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU			ac.	live	aile re	ne.	•			
PHYSICIAN: MEDICAL	PART II. Other significant cond	ditions contributing to d	eath but not res	luri	n the un	derlying	dure	ven in P		. WAS AN A PERFORM	IED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	k only one)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 □ Inpatient 2 □ I		DOA 28b. TIM	4 🗆 Nurs				Other (S)		HIPV OCC	NIDEO.	
ВУ Р	1 Natural 5 Pending 2 Accident Investiga	(Month, Day,		INJ	URY M	WOF	ES 2		200. DEŞCRI	BE NOW IN.	JURY OCC	UHED	
	2 Accordent 3 Sulcide 8 Could not be datermined 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, Steet												
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2												
TO BE	296. SIGNATURE AND TITLE OF CER	Rendent	deft.	7 H	edu	ini	29c, LICEN	ISE NUMB	DER		29d. OATE	SIGNEO	(Month, Day, Year)
	-	Kamath,	Jept of	27) (Typo,	Print) diei	ne.	St.	A	mes	11071	bita	1,6	Baltinne
	JUL 15 1993	32. REGISTRAR	S SIGNATURE V	4	Å.			v					

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To the state of th		A. Carrier	nst permit. Pages 1, 2, 3 should	
	BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician	ed in by the funeral director, page 5 should be detached for use as the burial-tra	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene orior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

	ricalo III An		CENTIL	TOATE U	LDEATH		REG. NO		
1	1. DECEDENT'S NAME (First, Middle, Last)	Funt	ett Julia	n Hal	l. Sr.	2. DATE OF MONTH	DEATH		3. TIME OF OEATN
	4. SOCIAL SECURITY NUMBER				-	17_		3 19	
	219-16-3008	5. SEX	6. AGE (In yrs. last birthday,	MONTHS DAY		7. DATE OF (Month, I	Day, Year)		BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give st	met and number	68 YRS.				2-192		Maryland
œ			0 0 1		N OR LOCATION OF			9c. COUNTY	OF DEATH
2	Francis Scott Ke	ey medica	l Center		Baltimore City				
<u>입</u>	10a. STATE 10b. COUNTY		1 00 00	TV TOWN 00 10					
DIRECTOR	Maryland	TY, TOWN OR LO	V, TOWN OR LOCATION  Middle River  10d. INSIDE CITY LIMITS?  1 Ures 2XXXX						
FUNERAL	10e. STREET AND NUMBER				10f. ZIP COOE				N OF WHAT COUNTRY?
N N	3519 Honeysuckle					21220			Inited States
교	1 Never Married 2 Merried		EVER IN U.S. ARMED	13. WAS I	SPECENOENT OF NISPA	ANIC ORIGIN? (	Specify Yes	or No- 14	. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	MU WW TT		ES 2 XNO Spec		, , , ,		spectly: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18e, DECEDENT	S USUAL OCCUP	ATION	16b. K	IND OF BUS	SINESS/INDUS	TRY
91	Elementary/Secondary (0-12)	College (1-4 or 5 +	We Do NOT	work done during use retired.)	most or working				
<u>F</u>	6th Grade		Self	Employ	red		Mea	t Dist	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Mid	dle, Meiden	Surname)	
BE (	Roland Hall				- (1	Vot Kno	วเมา		
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLIN	G ADDRESS (Stre	et and Number or Rure			n, State, Zip Co	(de) 21220
F	Everett J. Hall.	Jr.	3519	Honeus	uckle las	no Mil	ddlo	Rivon	Maryland
	20a. METHOD OF DISPOSITION 1	avi kasayan	20b. PLACE AND OATE	OF OISPOSITION					or Town, State
	4 Donation 5 Other (Specify)		Oak lawy	char place) Como to	nu 7/	15/93	Ra	Ptiman	ie. Maryland
Î	21. SIGNATURE OF FUNERAL SERVICE LICE	ENBER	0	22. NAME	AND ADDRESS OF F	ACILITY			
	Desam &	1		Vudo	-Ruck Ful	reral t	tome	of Dun	idalk, Inc.
$\neg$	23. PART I. Enter the diseases, or co	omplications that	caused the death. Do	7922	Wise Ave	e. Dw	<u>rdalk</u>	Mary	land 21222
	snock, or heart fallure. L	ist only one caus	se on aach lina.	not entar the	nous or dying, su	on aa cardia	c or respi	ratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		1 1 1001	1		1			Onset and Death
H	resulting in death)	DUE TO	OR AS A CONSEQUENCE	VUDAR	in a one	5		··	
_				-					
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (	Sef 5 OR AS A CONSEQUENCE (	OF):					
8	cause. Enter UNDERLYING		Video	in-					
	CAUSE (Disease or injury that initiated events	OUE TO (	OR AS A CONSEQUENCE O	OF):					
	resulting in death) LAST								
	2007 11 011 111								
EDICAL	PART ii. Other significant conditions						Ia. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음		010	ran Ar	ter, 1.	Tresse	1	TYES 2		COMPLETION OF CAUSE OF DEATH?
						- '			1 - YES 2 - MO
Ë									
≲ ∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28.	PLACE OF OEATH (C	heck only one)			
PHYSICIAN: M	/	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	ome 5 - Residence	8 Other (S	inecih/)		
호비	27. MANNER OF DEATN	28e. OATE OF 1		4E OF 28c.	NJURY AT	T		JURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	y. rear) IN	4.0	WORK?				
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At home, term,	street, factory, or	fice	28f, LOCATE	ON (Street e	nd Number or I	Rural Route Number,
COMPLETED	4 Homicide determined	building, e	rtc. (Specify)			City or	fown, State)		
ן ב	290. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of r	ny knowledge death occur	and at the time of	the and place and #:	to the same of	a) and -		
Ĭ									nuse(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER.			,	7		- Liena' Alk		
H	David Sk	PLULE	MO		29c. LICENSE NU	MBER //9 >		29d. DATE St	GNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	E OF OFATH STEM OF CO-	Drint)	V	' /		/ /	11/11/
	David 5	Terren	11 D	, , , maj					
	31. DATE FILED (Month, Day, Year)	J. 32. REGISTRAR	'S SIGNATURE	<del></del>					
	1111 1 5 1000	V 0. 1							

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x 68760,
P.O. BOX
RECORDS, P.
ITAL RECO
OF VIT
DIVISION

	FOR 1 STATE	STATE OF I							MENTAL HYGIEN	IE .	,0 20021	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  HPNRJ  T	HENRY	JOSEPH	HARD1	-		DEA	1 H	2. DATE OF DEATH MONTH	MY	YEAR S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	, Jr					07-	13 -	13 0	- M
	2/2-07-10/-5	1   M 2   F	80		IF UNDER	DAYE	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	21201-1963		00	THS.			- 111		08-29	-12	Massachusetts	;
1	9a. FACILITY NAME (If not institution, give st				9b. CITY,			ION OF DE		9c. COU	INTY OF DEATH	
l p	ST. JOSEPH	1 Hos	P.		Ì	to	w.	500	$\checkmark$		BAL to.	
5	RESIDENCE OF DECEDENT			т —								
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION				10d. INSIDE CITY LIMITS?	
	Maryland	Balto.			Tows	son					1 TYES 2 T NO	
FUNERAL	10a. STREET AND NUMBER					101	. ZIP COD	E		10g. CIT	IZEN OF WHAT COUNTRY?	
臣	609 St. Franci	s Road					21	286			U.S.A.	
15	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					IIC ORIGIN? (Specify Ye	s or No-	14. RACE — American Indian.	
	1 Never Married 2 Married	IF YES, GIVE	XX YES 2 1	40				en, Mexica Specify	n, Puerto Rican, etc.)	~ ~	Black, White, etc. Specify:	
BY	3 Widowed 4 Divorced		IIWW								White	
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL OC	CUPATIO	ON of worki	00	16b. KIND OF BU	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	Do NOT us	work done di se retired.)	uning mo	at or work	''y	Social	Secu	rity Adm.	
교		8	A+	torn	617				1000			
at once.	17. FATHER'S NAME (First, Middle, Lest)				4		16. MOT	HER'S NA	ME (First, Middle, Maider	Surname)		
E 111	Henry J. Harding	g. Sr.					Li	llia	n Jenkins			
8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a			Route Number, City or Tox	rn, State, Zij	p Code)	
<u>و</u> 2	Mrs. Mary Agnes Ha	ardino					as					
2	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE				100	DATE 20c. LC	CATION -	City or Town, State	
must be notified TO BI	1 Burial 2 Cremation 3 Remo	oval from State	cemetery, cre	matory or o	ther place)			7/	12			
	21. SIGNATURE OF " FRAL SERVICE LL?	ENSEE // /	Hillt	op 5				SS OF FA		OWSO	n, Md.	_
examiner	12 6.8 60	1// 3	1 //			100			1050 Yo	ck Rd	. 21204	
	Maly C	JAM BALL	V. H		Ru	ıck	Tows	on F	uneral Hor	ne, I	nc.	
medical	23. PART I. Enter the diseases, or c shock, or heart fellure.	omplications the	t caused the de	ath. Do r	not enter t	tha mo	de of dy	ing, sucl	h sa cerdiac or resp	Iratory an	rest, Approximate	
	IMMEDIATE CAUSE (Final	List only ona cei	use on sech line	_			-0	e.	1	2	Interval Between	
E	disesse or condition resulting in death)	Al	ule	0/1	10	n	ele	7	Unil	in	- Cuelo	4
event,	resulting in death)	DUE TO	(OR AS A CONSE	DUENCE O	ny	1	1/		7000		200010	V
		an	h	Ke	uz	P	4	a	de		Surel	26
ATION	Sequentially list conditions, if any, lasding to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):	-						1
E S	cause. Entar UNDERLYING	. 14	CVI								Sen	-
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	QUENCE OF	F):						1	-
PH PH	resulting in death) LAST										10	
L CE		,										
¥ F	PART II. Other significant conditions	s contributing to	deeth but not r	asulting	In the unc	derlying	csuea	given in	Part I. 24a. WAS AP PERFO	AUTOPSY	24b, WERE AUTOPSY FINDING: AMILABLE PRIOR TO	is
									1 _ YES :		COMPLETION DF CAUSE OF DEATH?	
: MEDICA										- 92	1 VES 2 NO	
BY PHYSICIAN: MEDICA									_		10 111 2019	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	eck only one)			$\dashv$
SIC	26. PLACE OF DEATH (Check only one)  1 VES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)									$\neg$		
H H	27. MANNER OF DEATH	28a. DATE OF		26b, TIM		28c. INJ		asidence	28d. DESCRIBE HOW	NJURY OC	CURED	$\dashv$
D.	1 Netural 5 Pending	(Month, E	lay, Year)	INJ	URY	WO	RK? 'ES 2 [	1 NO	200.0200.02211011		Sones	
	2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE C	F INJURY — At ho	me. farm. r	tireet lacto				284 LOCATION (Street	and Mumba	and Devel Courts Mountain	
COMPLETED BY PH	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 5 building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
	29a. CERTIFIER			-	-							-
BE COMPLE	(Check only								to the cause(s) and ma			
Š	Z MEDICAL EXAMINE	R: On the beels of a	xamination and/or	Investigatio	n, In my op	inlon, de	eath occu	red at the	time, data and place, as	id due to th	he cause(a) and manner as stated.	
BE	296. SIGNATURE AND THE OF CERTIFIER	V3 )	21-12-17-17				29c. LIC	ENSE NUM	IBER	29d. DAT	E SIGNED (Month, Day, Year)	$\exists$
		0	ely				02	56%	81	17	-13-93	
2	30. NAME AND ADDRESS OF PERSON WHO					_						-
177	St. Joseph Hospital, Osler Dr., Towson, Md. 21204											

32. REGISTRAR'S SIGNATURE whie Devidoon- Andere

The state of the s

Items 20b,20c 7-19-93 FilmG701 W.H. Per F/H

93 20522

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAN	ID / DEPARTME! CERTIFICAT			MENTA	L HYGIEN		3 6	.004	Sin .
	1. DECEDENT'S NAME (First, Middle,	Lest)					2. DATI	OF DEATH		YEAR 3	. TIME OF DE	TH
	Abraham			Henry			0			_	8:30	P.
	4. SOCIAL SECURITY NUMBER 213-09-1644	5. SEX	8. AGE (In )	YRS. MONTH	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)		Country)	ACE (State or I	,
LOR	9a. FACILITY NAME (If not institution, 933 N. Wash: RESIDENCE OF DECEDEN		reet			LOCATION OF D			9c. COUNT	Y OF DEA	тн	
DIRECTOR	10e. STATE 10b. CO			10c. CITY, TOWN						1	Od. INSIDE CIT	
AL	10e. STREET AND NUMBER	/:		1)//		IP CODE			10g. CITIZE	N OF WH	AT COUNTRY?	NO
FUNER	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVED IN II	S. ARMED 1:	. WAS DECEN	2150 IDENT OF HISPA Ity Cuben, Mexico	NIC ORIGI	N? (Specify Yes	or No — 1	4. RACE - Black.	- American Inc	llan,
ВУ	1 Never Married 2 Married 3 Millioned 4 Divorced	IF YES, GIVE V	WAR OR DATE	18 *	1 TYES 2			1110011, 0100,		Specify:	ALK	
LETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)			6e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	during most	of working	16	b. KIND OF BU	SINESS/INDU	STRY		
COMPL	17. FATHER'S NAME (First, Middle, Las	31)		Ketine	2/	IS. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)			
BE	renkusun	7				20	nd.	Kens	D			
TOB	190. INFORMANT'S NAME (Type/Print)	DAVIS		93 3 N	SS (Street end	Number or Rural	Ton	nber, City or Tow	State, Zip C	(de) 1	1205	Þ
- 1	20e. METHOD OF DISPOSITION 1		20b cerps	Baltimore	Ceme	tery	OA'	E 20c.	Baltin	nore	, MD.	
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE		2	. NAME AND	ADDRESS OF FA	ACILITY		0007			
1	> Botto	-	1/-		116	e con	1	.11 6		/		
	23. PART I. Enter the diseases	or complications the	t caused th	he death Do not ent	r the mode	of duing au	ob so so	dian or man	5/	_	Approxim	
	immediate Cause (Fine) disease or condition resulting in death)	lure. List only ons cau	tensi	n line. <u>ve Arter</u> ONSEQUENCE OF:	ioscl	eroti	c Ca	ardiov	zascu	lar	Onset an	d Da
CATION	Sequentially list conditions, if any, isading to immediate	b	(OR AS A CO	ONSEQUENCE OF):								
LIFICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CO	ONSEQUENCE OF):								
CERTIFI	resulting in death) LAST	d									-	
A	PART II. Other significent cond	ditions contributing to	death but	not resulting in the	inderlying o	euse given in	Part I.	24a. WAS AN PERFOR	RMED?	A	VERE AUTOPSY MAILABLE PRIOR COMPLETION OF OF DEATH?	OT F
A: MEDIC						-0.1	_	Inqu	iry		☐ YES 2 ☐	NO
SICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1/6 YES 2 NO	HOSPITAL:	FR/Outpatie	ort 3 DOA 4 DA	.0.	E OF DEATH (C)		-				
F	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIME OF INJURY	28c. INJUR	IY AT		SCRIBE HOW I	NJURY OCCU	RED		
ETED BY	2 Accident Investiga 3 Suicide 8 Could no 4 Homicide determin	ot be 28e. PLACE O	otc. (Specify)	At home, farm, street, fo	ctory, office			CATION (Street or Town, State)		Rural Rou	ite Number,	
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of a	my knowled	ge, death occurred at the	time, date en	nd place, and due	e to the ca	nuse(e) end mer	oner as stated	l.		ed ed e al
	29b. MGNATURE AND TITLE OF CER							e end place, en				
10 BE	(lain	Inte	AD			O . C					3/1993	
	30 NAME AND ADDRESS OF PERSO	KKE MD	1	11 Penn	Stree	et, Ba	ltin	ore,	Mary	land	212	201
	31. DATE FILED (Month, Day, Year)	52. REGISTRA										
. 1	JUL 1 5 1993	Julia Newig	ST THE PERSON								0.00	10.5
		_	30	Account .							DHMH-	10 H

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAI	HYGIEN	E 9	3	20523
	1. DECEDENT'S NAME (First, Middle, Linst)	Charl	es Willi	am Hii	11	2. DATE MONTH	OF DEATH	ž ď	EAR 3	Si 20 A M
3	4. SOCIAL SECURITY NUMBER 219-07-7995			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH 1, Day, Year) 1/1903		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s St.Agnes Hosp	· ·			City, Md	EATH	,	9c. COUNTY		
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	1		OWN OR LOCA					1	0d. INSIDE CITY
	Maryland		В		City, Md	•		10g. CITIZEI		YES 2 NO
	11. MARITAL STATUS	636 E.For			21230			Ţ	JSA	
	1 Never Married 2 Married 3 Wildowed 4 X Divorced	FORCES? TYPEYER OF 1920	S 2 NO	If yes, sp	CENDENT OF HISPAL ecity Cuban, Maxics XXNO Specif	nn, Puerto I	(Specify Yee Rican, etc.)	or No.—   14	Black, 1	- American Indian, White, atc. White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	ON ost of working		KIND OF BUS			
	12th.Grade		Machi	nist	18. MOTHER'S NA		meric		n C	Co.
		amuel	- Hil:		Minn	ie		- Mow		У
	19a. INFORMANT'S NAME (Type/Print) Ruth M. Ferrel	11			Ave.					21043
	20a, METHOD OF DISPOSITION  X Burial 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from State	Ob. PLACE AND DATE OF 1	-11		DAT	E 20c. LOC	CATION - City	or Town	o, State
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE E.S.		22. NAME AI	NO ADDRESS OF FA	CILITY	Balt	o.Md.	21	
	23. PART I. Enter the diseases, or on shock, or heert feliure.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	PAFU	A CONSEQUENCE OF):	enter the mo	WE UM	ch ss cerd	liac or respi	retory srres	e .	Approximate interval Between Onset and Death
	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):							
	PART II. Other significent condition	s contributing to deeth	but not resulting in	the underlyin	g ceuse given in	Part i.	24a. WAS AN A PERFOR	MED?	CO	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26 0	LACE OF DEATH (Ch		-			
	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	e 5 Residence					
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		Y WC	URY AT DRK? YES 2 NO	28d. OEŞ	CRIBE HOW IN	JURY OCCUP	ED	
de service de service	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE OF INJUS building, etc. (Sp	RY — Al home, term, atre	et, factory, offic	•	281. LOC	ATION (Street a or Town, State)	nd Number or	Rural Rou	rte Number,
		CIAN: To the best of my kno							eusefe\ =	nd manner as stated
ŀ	29b. STANATURE AND TITLE OF CERTIFIER		5A-11		29c. LICENSE NUI					fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF C			17/1/20	27		77	3/	23
	ST A-GN E	E HOSP!		1 AW	UEL	MZ	AH	-,		
	JUL 1 5 1993	32 BEGISTRAR'S SIG	MATURE MATURE							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		MITHITE		114	
		4. SOCIAL SECURITY NUMBER 212 07 1660		5. SEX	6. AGE (In y
pluo		9e. FACILITY NAME (If not in	etitution dive e		
رد الا	OR	Maryland M	anor N		enter
	5	RESIDENCE OF DEC			
permit. Pages 1, 2, 3 should	DIRE	Maryland	Balt		ity
sit permi	FUNERAL DIRECTOR	100. STREET AND NUMBER 1720 S. Han	over S	t.	
physician. burial-transit	FUNI		Married	12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES 2
ending as the	D BY	3 Widowed 4 □ Dive			
use use	<b>E</b>	15. OEC (Specify only	EDENT'S EDUC highest grade	completed)	16
the hospital of detached for once.	COMPLETED	Elementary/Secondary (0	<b>⊢12)</b>	College (1-4 or 5	·)
by the hor be detact	111	17. FATHER'S NAME (First, M GEORGE	iddle, Last)		Mito
5 should	) BE	19a. INFORMANT'S NAME (7)	ype/Print)		
page 5 s	٥	Donna Klebe			
e 6 may rector, pa must b		20s. METHOD OF DISPOSITI  1  Buriel 2  Cremetio  4  Donation 5  Other	n 2 T Beme	oval from State	20b. PL
Is law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.  23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		21. SIGNATURE OF FUNERAL		90	
hours after of in by the or remova		23. PART I. Enfar the di	seeses, or c	omplications tha	t caused th
illed in or e m	1 1	IMMEDIATE CAUSE (Fin		cist only one ceo	A chi each
tiety fille mation,		disease or condition	<b>→</b> ,		Quel.
omplete omplete if, crema				OUE TO	(OR AS A CO
and co	8	Sequentially list conditi	ons.	H	man
te be execute sician and o prior to buria traumatic	Ă	if any, leading to immed cause. Enter UNDERLYI	diata	DUE TO	1.1
ling physi ygiene pri other t	문	CAUSE (Disease or Inju		DUE TO	(OR AS A CO
tending al Hygie or oth	AN: MEDICAL CERTIFICATION	that initiated events resulting in death) LAS	' (,	I	(01, 10, 10, 00
requires that the deal een signed by the att. of Health and Menta shows any Injury,	AL C	PART II. Other aignifica	nt condition	contributing to	daath but r
that ned by th an	18				
quires n sigr f Hea	ME				
law renas been as been bept. of 23 sh	ż				
		25. WAS CASE REFERRED TO EXAMINER?	MEDICAL.	HOODITA	
certificate the State or Item	l Si	1 YES 2 NO		HOSPITAL:	ER/Outpaties
this cer with th	PHYSIC	27. MANNER OF DEATH		28a. OATE OF (Month, Di	
DING PHYS After this o death with s marked,	BY		Pending nvestigation		
TTENDI TOR: A after d			Could not be letermined	28e. PLACE O building,	F INJURY — / etc. (Specify)
DIRECT POURS	P.E.	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge
FUNERAL WITHIN 72 TANT: 11	COMPLETED	one)		R: On the beets of as	
			OR CERTIFIED		

	1 - FOR STATE OF MAR	RYLAND /	DEPART ERTIFIC	MENT OF H	EALTH AND	MEN	TAL HYGIEN	_		10524	
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH			3. TIME OF DEATH	
	Minnie M.			Hartli	ne		1v 13		993	10:45 A M	
-	1 212 07 1660	AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DA	TE OF BIRTH onth, Day, Year)	20.0	BIRTHP	LACE (State or Foreign	
	212 07 1660 1 M 2 X F	78	YRS.	IONTHS DAYS	HOURS MIN.	Ap	ri1/4,1			yland	
ا ء	9e. FACILITY NAME (If not institution, give street and number)  Maryland Manor Nursing Cen	tor		9b. CITY, TOWN C	n Burni			9c. COUNT			
5	RESIDENCE OF DECEDENT	itei		GIG	II DULIII	=	Anne Arundel				
اي	10a. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT						10d. INSIDE CITY	
5	Maryland Baltimore Cit	У			Bal	timo		LIMITS?			
	1720 C JIDDOLON CH			101	ZIP CODE 212	20				HAT COUNTRY?	
	1720 S. Hanover St.								ed S	tates	
2	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EV FORCES? 1 1	YES 2 VN		If yes, spi	cify Cuben, Mexi	can, Puer	GIN? (Specify Yea to Rican, etc.)	or No-	Black,	- American Indian, White, etc.	
5	3 XWidowed 4 □ Olvorced IF YES, GIVE WAR (	OR DATES **		1 TYES	2 X NO Spe	cify:			Specify	White	
3	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OE	CEDENT'S US	SUAL OCCUPATION	N		16b. KIND OF BUS	INESS/INDUS	STRY		
9	Elementary/Secondary (0-12) College (1-4 or 5+)	life.		rk done during mo retired.)	st of working						
	8		Cas	hier			V	ending	g Co	mpany	
3	17. FATHER'S NAME (First, Middle, Last) George	Mitche	11				t, Middle, Maiden	Sumame)		Duringer	
4	19a. INFORMANT'S NAME (Type/Print)				Alice		_			Driver	
2	Donna Klebe	196		Pekin R			umber, City or Town	7, State, Zip C 211	′		
	20s. METHOD OF DISPOSITION	20h DI ACEA		DISPOSITION (Na				CATION — CH			
	1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crer	netory or othe	er place)		- 1					
	21. SIGNATURE OF FUNERAL SURVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
-	McCully Funeral Home of Pasadena										
4	23. PART I. Enter the diseases, or complications that car	used the de-	ath Do not								
	snock, or neart fellure. List only one ceuse of	on each lina.		Lanter tha mo	oa or cying, at	Ch as c	ardiac or respi	ratory arres	ıt,	Approximata Intarval Between	
ı	IMMEDIATE CAUSE (Final disease or condition	uelas	- 1/	cocul	- 4	Ser	dust			Onset and Death	
ŀ	resulting in desth) a OUE TO (9R	AS A CONSEC	UENCE OF):	1			2001			394	
	Sequentially list conditions,	nerte	men	. AT	henn	ent	T-Con	Rev Use.	nlar,	Ari logo-	
	if any, leading to immediate cause. Enter UNDERLYING	AB A CONSEO	UENCE OF:	. 0	1 >					10	
	CAUSE (Disease or Injury C.	AS A CONSEO	/U	nu (	fare	-				10 800	
	that initiated events resulting in death) LAST	no n condec	DENOE OF J.	0							
	d										
	PART II. Other aignificant conditions contributing to dea	th but not re	eaulting in	tha undariying	cause given i	Part I.	24a. WAS AN . PERFOR		24b. V	WERE AUTOPSY FINDINGS	
							1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
			<u> </u>						1	YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL						1		<u></u>		
	EXAMINER? HOSPITAL:			THER:	ACE OF DEATH (C						
	27. MANNER OF DEATH 28s. OATE OF INJU	JRY	28b. TIME (	OF 28c. INJI		_	PESCRIBE HOW IN	LIURY OCCUI	BEO.		
	1 Netural 5 Pending (Month, Day, Ve	ear)	INJUR	YY WO							
	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (	JURY — At hor	ne, Jerm, stre	eat, lactory, office			OCATION (Street a	nd Number or	Rural Ro	ute Number,	
	4 Homicide determined	(Gpochy)				,	ity or Town, State)				
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my k	knowledge, des	th occurred	at the time, date	and place, and de	e to the	ceuse(s) and men	ner as stated.			
	one) 2 MEDICAL EXAMINER: On the beets of exemin	nation and/or in	westigation,	In my opinion, de	ath occured at th	e Ilme, d	ate and place, and	due to the c	:ause(s) (	and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	-			29c. LICENSE N	MBER		29d. DATE S	IGNED (A	Month, Day, Year)	
	Mules	2-			0	105	15	•			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	SIGNATURE									
	JUL 15 7993 Like Thinks										

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		4. SOCI
types 1, 2, 3 should	RECTOR	4. SOCI 227 90. FACI N PIESTO 100. STA Mary
g physician. e burlal-transit permit.	TO BE COMPLETED BY FUNERAL DIRECTOR	10e. STF
e hospital or attendin etached for use as th	OMPLETED B	Elem
ath. Page 6 may be retained by the hospital or attending physic ineral director, page 5 should be detached for use as the burial aminer must be notified at once.	TO BE C	190, INF(  Kay  200, ME  1
4 hours after death. filled in by the funera on, or removal.		23. PAI
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Point 1.2 a second within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If Item 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequatification in a sequential sequential sequential resulting sequential se
TO THE HOSPITAL OR TO THE FUNERAL DIRI be filed within 72 hour IMPORTANT: If Item	TO BE COMPLE	29s. CER (Che- one)
	H-	30. NAME

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE O	F DEATH	6	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			- 1	3. TIME OF DE	ATH
	WILLIAM	BERNARD			HARRIS		MONTH 07	DAY 1		AR 3	01:37	PM M
	4. SOCIAL SECURITY NUMBER 227-36-0177	5. SEX 1 💢 M 2 🗆 F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF (Month, D. ADY 1	ay, Year)	8.1	BIRTHE	PLACE (State or )	Foreign
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	N OR LOCATION OF E		. U,	9c. COUNTY	_		
DIRECTOR	NORTH ARUNDEL H		ASSOCIAT	CION	GL	EN BURNIE			A	. A	. COUNT	ГҮ
	Maryland 10b. county	ne Arund	el	10c. CIT	Y, TOWN OR LO	Glen Bu	rnie				10d. INSIDE CIT LIMITS? 1 YES 2	
ERAL	100. STREET AND NUMBER 7811 Winborn	e Apt	. С	-		101. ZIP CODE 21061				of w	HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	TEVER IN U.S. AR	MED	II yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	in, Puerto Ricen, etc.) Bio			RACE Black, Specify	— American Inc.	
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(G/	ve kind of	USUAL OCCUP	TION most of working	16b, KII	ID OF BUSI	NESS/INDUST	RY	Black	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	) //o.	∞ wor u decha	se retired.)			Aut	omobil	е		
8E	James Ber	nara H	arris	MARINO	ADDRESS (Com	Ella et and Number or Rural			Johns			
2	Karen Shaw					cove St.					3	
	20e. METHOD OF DISPOSITION	E85 57763	20b. PLACE A	ND DATE	OF DISPOSITION				ATION — City			
	1 Buriel 2 Cremation 3 Remo	-20	Metro	matorx or o	ematory	7	/93	Bal	timore	, 1	Ma.	
	21. SIGNATURE OF FUNERAL SERVICE UC	ENSEE D			Stal	AND ADDRESS OF F	neral H	ome P	PA			
	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cau	se on each lina	•	not antar tha	Mountair node of dying, sur plazu	ch as cardiac	or respire	etory arrest,	al v	Approxir Interval I Onset an	nate Batween
DICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  Carcing Death Olophagus  But To (or As A consequence of):  Due To (or As A consequence of):  Due To (or As A consequence of):  Due To (or As A consequence of):											
AL O	PART it. Other significant conditions	contributing to	daath but not n	suiting	In tha underly	ing cause given in	Part I. 24	. WAS AN A			WERE AUTOPSY	
MEDIC							1	YES 2		-	AVAILABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2	CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL				20	DI ACE OF DEATH (C						
SIC	EXAMINER?	HOSPITAL:	FB/Outpetlent 3	□ DOA	OTHER:	PLACE OF DEATH (C						
/ PHYSICIAN: ME	27. MANNER OF DEATH  14 Natural 5 Pending	28e. DATE OF (Month, Da	INJURY	28b. TIM	E OF 28c.	NJURY AT VORK7			JURY OCCURE	D		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE Of building, o	FINJURY — Al hor itc. (Specify)	ne, farm, s				N (Street an wn, State)	d Number or R	ural Ro	oute Number,	7.
COMPLETED	29s. CERTIFIER (Check only one) 14 CERTIFYING PHYSIC 2 MEDICAL EXAMINER									use(s)	and manner se	stated.
BE		uu,	HO.			THE LICENSE WU	MBER / C	/	29d. DATE SIG	NED (	Month, Day, Year	)
2	30. NAME AND ADDRESS OF PERSON WHO MIRZA M. NUSAIR	REE, M.D.	/795 AQ	1 <i>27) (Тур</i> е, UAHA]	Print) RT ROAD	/GLEN BUE	RNIE, M	ARYLA	AND 210	061		
4	31. DATE FILED (Month, Dey. Year)  JUL 15 1993 Ju	32. BEGISTRAF	S SIGNATURE			<del> </del>				-		



a half-representation of the file of the

BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detache or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTI	MENT OF HEA	LTH AND MEN	TAL HYGIEN REG. NO.		3 20526		
	1. DECEDENT'S NAME (First, Middle, Last)  EUNICE S. HOPKINS			140	ATE OF DEATH DA		3. TIME OF DEATH		
	216-07-859) 10M2 0F			UNDER 24 HRS. 7. De	ATE OF BIRTH forth, Pay, Year 19 28 0		BIRTHPLACE (State or Foreign Country)  ARRYLAND		
OR	9a. FACILITY NAME (If not institution, give street and number)  ST. AGNES [+0SPITAL		BALTIMO		IIP 2	9c, COUNTY	OF DEATH		
DIRECTOR	106. STATE 106. COUNTY  MARYLAND Baltimore Co	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY LIMITS?		
FUNERAL (	100. STREET AND NUMBER 328 STRATFORD ROAD		101. ZIP	CODE		1   YES 2   NO  10g. CITIZEN OF WHAT COUNTRY?  U.S.A.			
BY FUNE	11. MARITAL STATUS  11. Mover Married 2 Married FORCES? 1 YES  3 Widowed 4 Divorced IF YES, GIVE WAR OR DA	2 NO	if yes, specify	ENT OF HISPANIC OR Cuban, Maxican, Pua NO Specify:	IGIN? (Specify Yes rto Rican, etc.)				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	NO  16a. DECEDENT'S US (Give kind of work)	done during most of	working	16b. KIND OF BUS	INESS/INDUST	WHITE		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use re	etired.)		Homem	aker			
BE CO	17. FATHER'S NAME (First, Middle, Last) Herman Strauff			MOTHER'S NAME (FI Charlott					
2	19s. INFORMANT'S NAME (Type/Print) Richard Hopkins			Rd, Bal					
	4 Donation 5 Other (Specify)	PLACE AND DATE OF D etery, crematory or other	place)				or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEERO nald W	_	655W.	Baltimo:	reSt, Ba	alto,			
		TRDKE	enter the mode o	f dying, such as o	cardiec or reapli	ratory arreat,	Approximate Interval Between Onset and Death		
NO	Sequentially list conditions, b.	CONSEQUENCE OF):							
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF):							
CERT	resulting in death) LAST						İ		
MEDICAL	PART II. Other algnificant conditions contributing to deeth be	ut not resulting in t	he underlying car	use given in Part i	24a, WAS AN A PERFORI 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	25. WAS CASE REFERRED TO MEDICAL		26 PI ACE	OF DEATH (Check only			1 TES 2 NO		
PHYSICIAN:	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Output  27. MANNER OF DEATH  1 OF DEATH  1 OF DEATH	ationt 3 DOA 4	THER:  Nursing Home 5	☐ Residence 6 ☐ 0	ther (Specify)				
ву РН	1 Neturel 5 Pending (Month, Day, Year) 2 Accident Investigation	26b. TIME O	M 1 YES	11100	OEȘCRIBE HOW IN	JURY OCCURE	EO		
ETED	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY building, etc. (Special Could not be determined)	28f. L	OCATION (Street as Sity or Town, State)	nd Number or R	tural Route Number,				
29a. CERTIFIER (Check only one)  29 Image: Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 Image: MEDICAL EXAMINER: On the base of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE		PGY-1 RES	IDENT	LICENSE NUMBER		29d. DATE SIG	GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA LOLITA CHIU ST. AGNES			GATON AV	E. BALTI	LMORE.	MD '		
	21. DATE FILED (Month, Day, Year) 132. REGISTRAR'S SIGNA  JUL 1 5 1993 in Sanden R	TURE							

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			ENTAL HYGIENE REG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH			
	Earle	Spencer	Johr	nson		7-4-93	YEAR	4:23 A W			
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR		Month, Day, Year)		THPLACE (State or Foreign			
- 1	213 26 7443	1 M 2 D F	4 YRS.	ONTHS DAYS	HOURS MIN.	5-9-1929	Cou	Marvland			
_	Sa. FACILITY NAME (If not institution, give		9		R LOCATION OF DEAT	н	9c. COUNTY OF				
6	Francis Scot	т кеу		Balt	imore		na				
E	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ	10c, CITY, 1	OWN OR LOCAT	ON			10d, INSIDE CITY			
DIRECTOR	Maryland Har	ford Count	У	Bel	Air			LIMITS?			
	10e, STREET AND NUMBER			101.	ZIP CODE	T.	10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	1400 Coventry	Court			21014		US	Δ			
N N	11. MARITAL STATUS	12. WAS DECEOENT EVER I	IN U.S. ARMED	13. WAS DECI	ENDENT OF HISPANIC	r No- 14. RA	CE — American Indian, ick, White, etc.				
ВУ Б	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR E	DATES		cify Cuban, Mexican, I 2 NO Specify:	Puerto Rican, etc.)	Specify:				
ED E	15. DECEDENT'S EDU	Army Rese	T				White				
	(Specify only highest grade	e completed)	16s. DECEDENT'S US (Give kind of work life. Do NOT use n	dat Occupation done during mos	n of working	16b. KIND OF BUSIN	IESS/INDUSTRY				
1	12 +	College (1-4 or 5+)	Mechanic	al End	rineer	Hedwin	Corn				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4		W = DIII		(First, Middle, Maiden Su					
BE C	Fred Heisse	Johnson, Sr			Ethel	Spencer					
TO B	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AS	DRESS (Street ar		te Number, City or Town,	State, Zip Code)				
F	Ina Johnson	Wife	1400	Covent	ry Ct, B	elAir,MD	21014				
	20a. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3  Rerr  4 Donation 5  Other (Specify)		b. PLACE AND DATE OF I metery, crematory or other		me of	OATE 20c. LOCA	TION — City or	Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ronald	Wade Dir	22. NAME AN	D ADDRESS OF FACIL	™State A	natoms	, Board			
	Docens 9/2	1									
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not			orest, Bal					
	23. PART*I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death line.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
AL C	PART II. Other significant condition	na contributing to death (	but not resulting in	the underlying	cause given in Pa	irt I. 24s. WAS AN AU	JTOPSY 24	b. WERE AUTOPSY FINDINGS			
1 (5 1	752	-		, -		PERFORMI	ED?	MAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC						T TES 2 (g	100	OF DEATH? 1 ☐ YES 2 PP NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Check	only one)					
Sic	1 TES 2 NO	HOSPITAL:		THER:  Nursing Home	5 🗆 Residence 8	Other (Specify)					
/ PHY	27. MANNER OF OEATH  1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO		8d. DESCRIBE HOW INJ	URY OCCUREO				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stre			8f. LOCATION (Street and City or Town, State)	d Number or Rura	l Route Number,			
<u> </u>											
COMPI	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  SULPHY HOO	Thehle	4		DI63		POR DATE SIGNE	(Month, Day, Year)			
-	30. NAME AND AODRESS OF PERSON W										
	DR SHELDO		4940 E	astern	AVe,Bal	timore,MI	D 2122	4Cardiology			
	31. DATE FILED (Month 1 5 1993	22 BEGISTRAR'S, SIGN	Kindell	<del>-</del>							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First	, Middle, Last)	`									OF DEATH			3. TIME OF DEATH
MARGARE	T W.	JACOE	3I							MONT	т - 10	) _ (	YEAR 93	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (	In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS		OF BIRTH		6. BIRTH	IPLACE (State or Foreign
212-10-40	45	1 🗆 M 2 💢 F		83	YRS.	MONTHS	DAYS	HOURS	MIN.		m, Day, Year) -16-19	10	Countr	MD.
9a. FACILITY NAME (If not in		treet and number)			<del></del>	9b. CITY	, TOWN	OR LOCATI	ON OF DE		10-13		NTY OF D	
3900 N.	CHARI	ES ST.	APT	. 1	416		BAI	TO.				34774		
RESIDENCE OF DEC	EDENT				1				-					
10a. STATE	10b. COUNT	4			10c. CITY	, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
MD.						BP	LTC	ο.						1 YES 2 NO
10e. STREET AND NUMBER							10	H. ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
3900 N.	CHARI	ES ST.						2	1218	3		1	U.S.	. A .
11, MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. AR	MED	13.	WAS DE	CENDENT (	F HISPAN	IIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V						S 2 NO			Rican, etc.)	1	Speci	k, White, etc.
		<u> </u>												" WHITE
15. DEC (Specify only	EDENT'S EDU y highest grade	completed)		(G	CEDENT'S L	ork done	CCUPATI during m	ION ost of worki	ng	164	. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0	)-12)	College (1-4 or 5	-)		Do NOT use						DOCUL	2 0.5	~ 7 1	ADT E
12yrs. CASHIER PROCTEI									SK OX	GAI	JDLE			
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)														
ARTHUR W. TRUNDLE JENNIE G. WANDEL														
19a. INFORMANT'S NAME (7		CTNCLT		198							ber, City or Tow			
ZELDA R.		DZINSKI							ES S	ST.				21218.
20a. METHOD OF DISPOSIT	n 3 🗆 Rem	oval from State	20b.	PLACE A	MADDATEO	F DISPOS	SITION (N	lame of		OAT		CATION -		
4 Donation 5 Other  21. SIGNATURE OF FUNERA			L	OUL	ON F					. /	14 B <i>I</i>	ALTO	., MI	D
21. SIGNATURE OF FUNERA	IL SERVICE LA	ENSEE	,			22.	HE	NO ADDRE	SS OF FA	CILITY TENE	KINS 8	s S0	NS (	CO.
Wille	ami	< Vac	all	//										21212.
23. PART I. Enter the d	Iseeses, Dr	complications the	t ceused	the de	ath. Do no	ot enter								Approximate
IMMEDIATE CAUSE (Fir		List only one cau	se on ea	ch line										Interval Between Onset and Death
disease or condition		1-41	no	mn	na	_	LA	rge	0	201				
resulting in death)		ONE TO	(O) AS A	CONSEC	DUENCE OF	):	Var	4	Ce	u				
		V	•					U						ĺ
Sequentially liet conditi if any, leading to imme-		DUE TO	(OR AS A	CONSEC	DUENCE OF	):								
ceuse, Enter UNDERLY	ING													Į
CAUSE (Disease or injute that initiated events		OUE TO	(OR AS A	CONSEC	DUENCE OF	):								
resulting in death) LAS	T	d												
PART II. Other eignifica	nt condition	a acatalhusina sa	ala asha ha											
TAIT II. Other eignitica	in condition	e contributing to	uea(n b)	ut not r	esuiting in	n the ui	noeriyin	ig ceuse	given in	Part I.	24a. WAS AN PERFOR		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
·											1 - YE\$ 2	□ NO		COMPLETION OF CAUSE OF DEATH?
													1	1 YES 2 NO
l			_											
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		LACE OF D	EATH (Chi	ack only o	ne)			
1 YES 2 NO		1 Inpatient 2		atlent 3		4 🗆 Nur		ne 5 R	esidence	8 🗆 Othe	er (Specify)			
27. MANNER OF OEATH	Pending	28e. DATE OF (Month, D			28b. TIME INJU		28c. IN. W	JURY AT DRK?		28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
	rending Investigation					М	1 🗌	YES 2	NO					
	Could not be	28e. PLACE C building,	F INJURY	— At ho	me, term, st	treet, fac	tory, offic	Ca			ATION (Street a	and Number	or Rural F	Route Number,
4 Homicide	determined													
290. CERTIFIER CERT	TIFYING PHYSI	CIAN: To the best of	my knowle	edga, de	ath occurred	d at the t	lime, date	and place	, and dua	to the ca	use(a) and mar	iner as stat	ed.	
29b. SIGNATURE AND TITLE	_								ENSE NUN					(Month, Day, Year)
	11/1	n	10	)				D	21	70	7/	DATE	7 - 1	17 -42
30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF OE	ATH (ITE	M 27) (Type	Print)		3		21		-	1	- 13
MOHAMED	KAHN	M.D.			SAM		י אַ ירָה ׳	J LIA	CD.	561	01-20	The 1	Kan	ien Blud.
31. DATE FILEO (Month, Day,		32. REGISTRA			DAM	I N N	IAI	v nu	or.			217	39	- 1

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	The second of the second secon
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The I	cate ha	State De	Item 2
SICIAN	certifi	th the	d. 0r
NG PH	fter this	eath wil	marke
TEND	JOR: A	in 72 hours after death with	4T: If Item 28 is marked, or Item 23 shows any Injury, or other traumat
L DR A	. DIREC	hours	llem.
SPITA	<b>IERAL</b>	H 건	T. II

	FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF H		MENTAL HYGIEN REG. NO		3 20529			
8	1. DECEDENT'S NAME (First, Middle, Lest) Evelyn	Α.		Jenkins			, 199	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219 01 7579	1 🗆 M 2 💢 F	GE (In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 10,	8.	BIRTHPLACE (State or Foreign Country) Maryland			
TOR	90. FACILITY NAME (If not institution, give st Chesapeake Manor RESIDENCE OF DECEDENT		nter	9b. CITY, TOWN C	PR LOCATION OF DE	ATH	ac. county Anne				
- DIRECTOR	1	Arundel	10c. Ci	TY, TOWN OR LOCAT		adena		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	314 Piney Point R				211		ted States				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XXWidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican 2 X NO Specify:	C ORIGIN? (Specify Year, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) Unknown	(Give kind of life, Do NOT o	,	ON st of working	16b. KIND OF BU						
BE COM	17. FATHER'S NAME (First, Middle, Last) John	Saue		emaker	16. MOTHER'S NAM	AE (First, Middle, Maiden		stic			
2	19a. INFORMANT'S NAME (Type/Print) Bertha Holtz					oute Number, City or Tow Pasadena,		<sup>de)</sup> 21122			
	20a. METHOD OF DISPOSITION 1		20b. PLACE AND DATE cometery, crematory or Glen Haver	other place) n Memoria	1 Park	7/14/93	cation – chy Glen B	or Town, State			
	21. SIGNATURE OF PUNERAL SERVICE LIC	Dun	40	McCully Funeral Home of Pasadena 3204 Mountain Rd. Pasadena, MD 21							
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.										
ON	Sequentielly list conditions,	DUE TO (OR AS A CONSEQUENCE OF):  BYEAST  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST		AS A CONSEQUENCE (								
- 1	PART II. Other significant conditions	contributing to deat	h but not resulting	in the underlying	ceuse given in f	Part I, 24a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL						PERFOR	IMED?	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	HOSPITAL:	Outpatient 3 DOA	QTHER:	ACE OF DEATH (Chec						
рт гит	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yea	RY 28b. TII	JURY 28c. INJ	-	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJI building, etc. (	URY — At home, ferm, Specify)	street, factory, office		281. LOCATION (Street of City or Town, State)	and Number or F	tural Route Number,			
COMPLEIED	29e. CERTIFIER (Check only one)  1 CHERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piace, end due to the cause(e) end menner ee stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piace, end due to the cause(e) end menner ee stated.										
H	299/SIGNATURE AND TITLE OF CERTIFIER	Atte	rolup I	seter	29c. LICENSE NUMI			GNED (Month, Day, Year)			
	29d. DATE SIGNED (Month).  DA (684 > 7-12-5  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  CN, CTRIAC. MD, 1600 CRAIN YWY # 106 GLENBURNIC  MD 2 1061.										

GLENBURNIC MD 2 LOGI.

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cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	al, crematio	
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	1 - FOR STATE REGISTRAR	S	TATE OF M	IARYLAND /	DEPAR					MENTA	L HYGIEN REG. NO			
0.000	1. DECEDENT'S NAME (First, Midd	dle, Last)	50	ITK	16	W	ic	12	-	2. DATE MONT	OF DEATH		YEAR	3. TIME OF DEATH
- 6	4. SOCIAL SECURITY NUMBER	5. S	EX	8. AGE (In yrs. las	st birthday)		R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH	1	8. BIRTH	PLACE (State or Foreign
	032-22-5797	15	M 2 □ F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	th, pay, Year)	130	Country	sachusetts
DIRECTOR	Per FACILITY NAME (If not institution of the property of the property of the period of	runc	nd number)	103p		9b. CIT	V, TOWN C	OR LOCATION	1		VIE	9c. COUN	TY OF DE	EATH 7
EC		COUNTY			10c. CITY	r, TOWN	OR LOCAT	ION					Т	10d, INSIDE CITY
	Maryland	Anne	e Aruno	del				G1.	en B	urni	6			LIMITS?
AL	10a. STREET AND NUMBER						101	. ZIP CODE		ulli l		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	132	Sloan	Drive						21	061	U. S. A.			S. A.
2	11. MARITAL STATUS		WAS DECEDENT	EVER IN U.S. AR	2 NO If was specify Cuben, Mexican Puerto						N? (Specify Yes	or No-	14. RACE	— American Indien, White, etc.
ВУ	1 Never Married 2 Merri 3 Widowed 4 X Divorced		r yes, give wo	AR OR DATES	ATES 1 YES 2 NO Specify:							1	Specif	Aer
	15, DECEDEN		CEDENTIO	1	001101710			The second				" White		
	(Specify only high Elementary/Secondary (0-12)	nest grade compi	leted)	(G	CEDENT'S ive kind of w Do NOT us	rork done	durina mo	on st of workin	9	168	b. KIND OF BUS	SINESS/IND	USTRY	
PLI	12	Col	lege (1-4 or 5 +	,	Cle	erk					Manuf	actur	cina	
COMPLETED	17. FATHER'S NAME (First, Middle,	Last)						18. MOTH	HER'S NAI	ME (First,	Middle, Melden			
BE C		Lulius	s Jukne	evicz					L	ouis	e Misk	ousko	os	
10 B	190. INFORMANT'S NAME (Type/Pi	rint)		196	b. MAILING	ADORES	S (Street a	nd Number	or Rural F	Route Num	ber, City or Tow	n, State, Zip	Code)	
F	Victor Jus	stin		9	5High	nlan	d Vi	ew St	tree	t We	stfiel	d, Mas	sach	nusetts01085
	Victor Justin  95Highland View Street Westfield, Massachusetts0108!  20a. METHOD OF DISPOSITION 1													
	4 Donation 5 Other (Special Signature of Funeral, Ser		E	Metro	Crer	nato	ry NAME AN	ID ADDRES	SE OF EA	1 17	Cat			
	· mulan	100	marelle					22. NAME AND ADDRESS OF FACILITY Marzullo Funeral 3981 Carrollton Road Upperco, Mar						
	23. PART I. Enter the diseas	ea, or compi	Ilcationa thet	caused the de	eth. Do n	ot ente	the mo	Carro	DILLE	on R	diac or reen	perco	,Mar	Cyland 21155 Approximata
	shock, or heart IMMEDIATE CAUSE (Final	fallure. List o	only one caus	se on each line										Interval Between
	disease or condition	1	PALLY	Lo N	sain a	Ala	1.3	1	1	211	Ric			Onset and Death
	resulting in death)	a. <u>/_</u>	DUE TO	OR AS A CONSEC	DIVENCE OF	/7 # 6 ):	a In		-110	, , ,	7710	IEL	cy	
z			H50	UD	,								4	1
RTIFICATION	Sequentially list conditiona, if any, leading to immediate		OUE TO (	OR AS A CONSEC	DUENCE OF	):			-					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c												
E	that initiated eventa resulting in death) LAST		OUE TO (	OR AS A CONSEC	DUENCE OF	):								
병		d												-
A	PART II. Other algnificant co	onditiona cor	tributing to	deeth but not r	esuiting is	n the u	nderlylng	ceuse g	iven in i	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Chronic	F11	coho	15m							PERFOR	IMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME											-			OF DEATH?  1 YES 2 NO
ż														
CIA	25. WAS CASE REFERRED TO MEI		CDITAL					ACE OF D	EATH (Che	ck only or	ne)			
, Si	1 YES 2 NO		SPITAL: Inpatient 2	ER/Outpatient 3	□ DOA	OTHE		o 5 □ Ra	sidence	8 🗆 Othe	er (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pendi		28a. DATE OF I (Month, Da		28b. TIME INJU	OF JRY	28c. INJI WO	RK?	1 240	28d. DE	SCRIBE HOW II	NJURY OCC	UREO	
B										and Marine				
COMPLETED	4 Homicide 8 Could determ	A HOLDE	building, e	tc. (Specify)			tory, ornice			City	or Town, Stete)	ina Number i	or Hurei Ho	oute Number,
7	29e. CERTIFIER (Check only  Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner se stated.													
MO	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner as stated.													
BEC	296. SIGNATURE AND TITLE OF C	ERTFIER	0.0		0 0			29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
TO B	Mulleart	1	COND	VE	pe	( Xe	7	U	(0)	600	54-	<b>&gt;</b> 7	7/:	2/93
_ 1	30, NAME AND ADDRESS OF PER	BOWN WHILD COM	ADI ETEO CALLE		4 AT CT		1		-675					

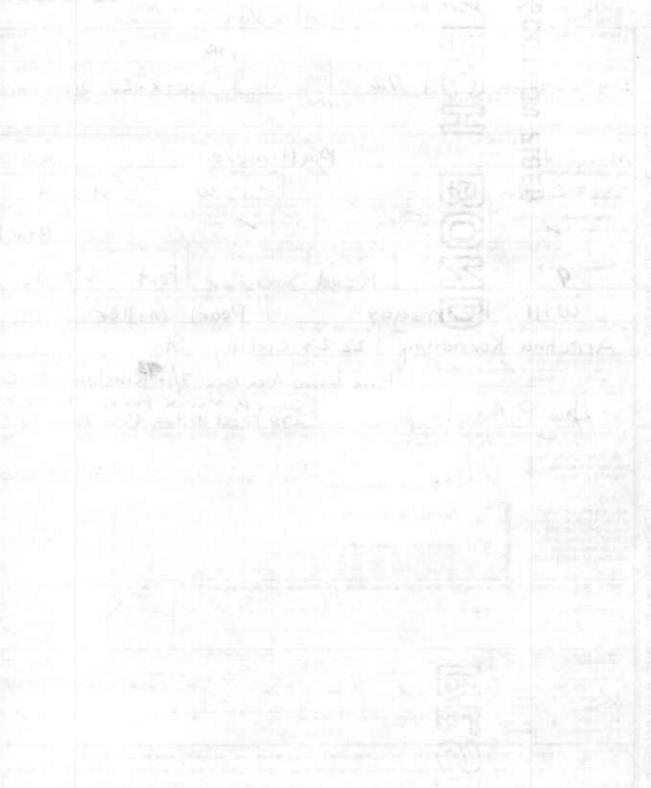
32. REGISTRAR'S SIGNATURE

93 20531

	1. DECEDENT'S NAME (First, Middle, L.	eath .		CATE OF DE		REG. N	U.		
1	WILLIAM	H .		KORNEGA	Y. SR	2. DATE OF DEATH	ro s	3. TIME OF DEATH  2:14 H	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTINPLACE (State or Foreign Country)	
	244-22-1420		12 YRS.			10-3-	20 1	Unth Caroli	
œ	9a. FACILITY NAME (If not institution, g			BALTIMO			9c. COUNT	Y OF DEATH	
5	RESIDENCE OF DECEDENT			DALITMO	KE CI	11			
DIRECTOR	10s. STATE 10b. COL	UNTY	10c. CITY	TOWN OR LOCATION	-100			10d. INSIDE CITY LIMITS?	
	MOLYLAND NUMBER			10f. ZIP (	OVE		10g. CITIZE	1 ØYES 2 ☐ NO	
FUNERAL	2223 Cedle	y St.		2	1230		u.	SIA	
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Ovorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	S 2 NO		Cuban, Maxicai	IC ORIGIN? (Specify Y n, Puerlo Rican, etc.)	ea or No— 1	4. RACE — American Indian, Black, White, alc. Specify:	
LED	15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S U	USUAL OCCUPATION ork done during most of w	vodkina	16b. KIND OF B	IND OF BUSINESS/INDUSTRY		
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Po NOT use	retired.)		Fait	N	1eacle	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	)	1 17 000	a super	MOTHER'S NAI	ME (First, Middle, Maide	n Sumama)	Chere	
BE C	Will	Korned	Jay		Pear	1 1	ller		
TO B	19a. INFORMANT'S NAME (Type/Print)	V	19b. MAILING	ADDRESS (Street and Nu	mber or Rural F	loute Number, City or To	wn, State, Zip C	code)	
	20s. METHOD OF DISPOSITION	Kornegay	DE PLACE AND DATE OF	F DISPOSITION (Name of	164	DATE MAIL	OCATION — CI	ty or Town, State	
	1 Buriel 2 Cremation 3 1 4 Donation 6 Other (Specify)	Ramoval from State	emetery, crematory or oth	ner place)  Auth Men	Bank	7/19/18	instal	h. N.C.	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AND AD	ORESS OF FAC	arch Fu	marcal.	Home P.A	
	I DALL	#3 17 A							
	IMMEDIATE CAUSE (Finsi disesse or condition	or complications that cause on List Daily one cause on	ed the death. Do no each line.	270 F ot enter the mode of	red t	titon f	Pass F	Approximate interval Bet	
ERTIFICATION	shock, Dr heert fellu iMMEDIATE CAUSE (Fine)	a. DUE TO (OR AS	ded the death. Do not each line.  S C C C C C C C C C C C C C C C C C C	notre (	red t	tilton F	Pass F	Approximate interval Bets	
MEDICAL CE	shock, pr heart failured immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	each line.  S C C C C C C C C C C C C C C C C C C	notre (	red to dying, such	titon for secondac or real Total Co	PASS I	Approximate interval Betwoonset and D	
MEDICAL	shock, pr heart fallu iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICA	b. DUE TO (OR AS  C. DUE TO (DR AS  d	each line.  S C C C C C C C C C C C C C C C C C C	): n the underlying cau	red to dying, such	Part I. 24a. WAS A PERFO	PASS I	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?	
MEDICAL CE	Shock, pr heart fallus iMMEDIATE CAUSE (Fines disease or condition resulting in death)  Sequentisity list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of the conditions	b. DUE TO (OR AS  c. DUE TO (DR AS  d	each line.  S A CONSEQUENCE OF  A CONSEQUENCE OF  but not resulting in	): n the underlying cau	red to did did did did did did did did did di	Part I. 24a. WAS A PERF	PASS I	24b. WERE AUTOPSY FINO AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
PHYSICIAN: MEDICAL CE	Shock, pr heart fallutions, it and it is a second to a	b. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (DR AS  d. HOSPITAL:	each line.  S C C C C C C C C C C C C C C C C C C	26. PLACE TO THER: 4   Nursing Home 5   OF 28c. INJURY A WORK?	red to did in did in the second of the secon	Part I. 24a. WAS A PERF	N AUTOPSY PRIMED?	Approximate interval Betwork and D	
BY PHYSICIAN: MEDICAL CE	shock, pr heart fallulimmediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  **EXAMINER?**  **PES 2 NO  27. MANNER OF DEATN  **Investigation of the conditions of the	b. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (DR AS  d. HOSPITAL: 1   Inpatient 2   ER/Or  (Month, Day, War,	each line.  S A CONSEQUENCE OF  A CONSEQUENCE OF  B A CONSEQUENCE OF  but not resulting in  utpetient 3 □ DOA  Y  20b. TIME INJU	26. PLACE DOTHER: 4   Nursing Home 5   OF WORK? M   1   YES	red to did in did in the second of the secon	Part I. 24a. WAS A PERF 1 YES  Ck only one)  B Other (Specify)  28d. DESCRIBE NOW	N AUTOPSY PRIMED?  2 NO  INJURY OCCU  t and Number or	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	
D BY PHYSICIAN: MEDICAL CE	shock, pr heart fallulimmediate CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  **PES 2   NO  27. MANNER OF DEATN  Netural 5   Pending	DUE TO (OR AS  DUE TO	each line.  S A CONSEQUENCE OF  A CONSEQUENCE OF  B A CONSEQUENCE OF  but not resulting in  utpetient 3 □ DOA  Y  20b. TIME INJU	26. PLACE DOTHER: 4   Nursing Home 5   OF WORK? M   1   YES	red to did in did in the second of the secon	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED?  2 NO  INJURY OCCU  t and Number or	24b. WERE AUTOPSY FIND AMALJABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	
D BY PHYSICIAN: MEDICAL CE	shock, pr heart fallutions, it and it is a condition resulting in death)  Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in death LAST  25. WAS CASE REFERRED TO MEDICA EXAMINER?  APPER 2 NO  27. MANNER OF DEATN  Natural 5 Pending investigated investigated at Lacident	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. LITIONS CONTRIBUTED TO (OR AS  d. LITIONS CONTRIBUTED TO (OR AS  d. LITIONS CONTRIBUTED TO (MORTH, Day, Year, (Morth, Day, Morth, D	each line.  S A CONSEQUENCE OF  S A CONSEQUENCE OF  B A CONSEQUENCE OF  B but not resulting in  utpatient 3 DOA  Y  28b. TIME INJU  RY — At home, farm, st  oocity)	26. PLACE COTHER: 4   Nursing Home 5   COF 26c. INJURY M WORK? 1   YES   Ireet, factory, office	of DEATH (Che Kresidence  T 2   NO	Part I. 24a. WAS A PERF  1 YES  Ck only one)  8 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Stree City or Town, State to the cause(e) and m	N AUTOPSY PRIMED?  INJURY OCCU t and Number or	Approximate interval Betw Onset and D Onse	
COMPLETED BY PHYSICIAN: MEDICAL CE	shock, pr heart fallutions, it and it is a condition resulting in death)  Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in death LAST  25. WAS CASE REFERRED TO MEDICA EXAMINER?  APPER 2 NO  27. MANNER OF DEATN  Natural 5 Pending investigated investigated at Lacident	DUE TO (OR AS  DUE TO	each line.  S A CONSEQUENCE OF  S A CONSEQUENCE OF  B A CONSEQUENCE OF  B but not resulting in  utpatient 3 DOA  Y  28b. TIME INJU  RY — At home, farm, st  oocity)	28. PLACE TO OTHER:  1 28. PLACE TO OTHER: 4   Nursing Home 5   COF   28c. INJURY A WORK? 1   YES   Ireet, factory, office   d at the time, data and p   n, in my opinion, death o	of DEATH (Che Kresidence  T 2   NO	Part I. 24a. WAS A PERF( 1 YES  Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Streetly or Town, State  to the cause(a) and matter, date and place, of the cause (b) and matter of the cause(a) and matter of the cause(b) and matter of	INJURY OCCU t and Number or enner as stated and due to the 29d. DATE:	Approximate interval Betw Onset and D  24b. WERE AUTOPSY FINON AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATHY  1 YES 2 NO  RED  RURAL Route Number,  I. cause(s) and manner as state	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	shock, pr heert felluliment in the state of	DUE TO (OR AS  DUE TO	each line.  S A CONSEQUENCE OF  S A CONSEQUENCE OF  B A CONSEQUENCE OF  B but not resulting in  utpatient 3 DOA  Y  28b. TIME INJU  RY — At home, farm, st  pocify)  Owledge, death occurred  tion and/or investigation	26. PLACE COTHER: 4   Nursing Home 5   OF 28c. INJURY A WORK? 1   YES   Irrest, factory, office   d at the time, data and p in, in my opinion, death of the company opinion op	DF DEATH (Che  Residence  T  2  NO	Part I. 24a. WAS A PERFC  Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State to the cause(a) and matter, date and place, to the cause(a) and matter cause(b).	INJURY OCCU t and Number or enner as stated and due to the 29d. DATE:	24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL CE	shock, pr heart fallutions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death LAST  25. WAS CASE REFERRED TO MEDICA EXAMINER?  PART II. Other significant conditions in death LAST  27. MANNER OF DEATN  1 Natural 5 Pending Investigation of the conditions in death LAST  29. CERTIFIER (Check only one)  20. MEDICAL EXAMINER OF DEATN  1 CERTIFYING PICCHARLES AND CONDITIONS IN CONDITIONS	DUE TO (OR AS  DUE TO	each line.  S A CONSEQUENCE OF)  S A CONSEQUENCE OF)  B A CONSEQUENCE OF)  B A CONSEQUENCE OF)  B but not resulting in  utpetient 3 □ DOA  Y  28b. TiMe INJU  RY — At home, farm, st  oovledge, death occurred  tion and/or investigation	26. PLACE COTHER: 4   Nursing Home 5   OF 28c. INJURY A WORK? 1   YES   Irrest, factory, office   d at the time, data and p in, in my opinion, death of the company opinion op	DF DEATH (Che Kleeldence  T 2 NO  LICENSE NUM  C M.	Part I. 24a. WAS A PERF(  1 YES  1 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street, City or Town, State)  to the cause(a) and making, date and place, to the cause (b) and making, date and place, to the cause (c) and making, date and place, to the cause (c) and making, date and place, to the cause (c) and making, date and place, to the cause (c) and making, date and place, to the cause (c) and making, date and place, to the cause (c) and making, date and place, to the cause (c) and making, date and place, to the cause (c) and making, date and place, to the cause (c) and making the	INJURY OCCU	Approximate interval Betw Onset and D Onse	

Z

DHMH-16 Rev 1/89



YEAR 9

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES X NO

White

14. RACE — American Indian, Black, White, etc.

8. BIRTNPLACE (State or Foreign

45

2. DATE OF DEATH

FUNERAL DIRECTOR

BY

BE COMPLETED

2

notified at

4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDE	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTNP	LACE (State or
233-66-	7541	1 M 2 🗆 F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 2-23-194	14	Country)	
9a. FACILITY NAME (If not in:	stitution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF D	EATH	9c. COL	INTY OF DE	
Joseph Rich	<sub>ev</sub> Hos	pice				Ba.	ltimo	re (	City			
10a, STATE	10b. COUNTY	,	_	10c CIT	Y TOWN	OR LOCA	TION					104 INDIDE 01
Maryland	Bal	timore		100, 01	, 101111		undal	k				LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE 10g. CITIZEN OF						IZEN OF WH	IAT COUNTRY	
8056 Kimber	ly Rd.				21222 USA						USA	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1 X	EVER IN U.S. A		13				NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No-	14. RACE - Black.	- American Inc
3 Widowed 4 Divor	etnam				NO XX				Specify:	White		
15. DECE (Specify only		ECEDENT'S Give kind of				_	16b, KIND OF BUS	SINESS/IN	OUSTRY			
Elementary/Secondary (0-	- in	le. Do NOT u	se retired.	)	ost or working	y						
12 vrs.	Pr	oduct	ion	Cont	rol	Sune	ervisor We	stir	nahaus	:0		
17. FATHER'S NAME (First, Mi	ddle, Last)								ME (First, Middle, Maiden			
Claude Knot	ts				Perchie Mullenax							
19a. INFORMANT'S NAME (Ty	rpe/Print)		1	96. MAILING	ADDRES	SS (Street	and Number	or Rural	Route Number, City or Tow	n, State, Zi	p Code)	
Robin Knotts	S			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8923 Philadelphia Rd. Balto., Md. 21237							,	
20a. METNOD OF DISPOSITION OF DISPOS	n 3 🗆 Remo	oval from State	cemetery, co	e AND DATE rematory or o	OF DISPO	SITION (N	ame of		OATE , 20c. LO	_	City or Town	
21. SIGNATURE OF FUNERAL									cility Cal Home			
Loseph	12.	. 01 7/e.	ean E									
									Rd. Balto.,			:36
23. PART i. Enter the di- ehock, or he	seesea, or c eart fellure. I	omplications that list only one caus	ceused the d	laeth. Do i	not ante	r the mo	de of dyli	ng, suc	h ea cardiac or reapi	ratory ar	reet,	Approxi
IMMEDIATE CAUSE (Fin	al											Onset a
disease or condition resulting in death)	S. DEF		icy -	JY NOW	2mc				444			
10.5.2			OR AS A CONSI									
Cognophalb, list condition	se .		ナイトリ	3					4485			
Sequentially liet condition if any, leading to immed	OUE TO (OR AS A CONSEQUENCE OF):							-				
cause. Enter UNDERLYII CAUSE (Disease or injur		Larosis Sazema						3 Yes				
that initiated events	"	DUE TO (	OR AS A CONSI	EQUENCE O	n:							1

CAUSE (Disease or that initiated evente resulting in death) LAST PART II. Other significant conditions contr

CYTOMEGALVIELE INFECTION OF LIVER / BRG. J	ar significant conditions contrib	uting to deeth but	not reeu	lting in the u	undariying ceuse	given in Part i.
	CYTOMEGALVIZLE	INFECTION	0=	LIVEL	/ Bag. )	

24a. WAS AN AUTOPSY 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO

Approximate Onset and Death 4 445

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH

1 Natural 2 Accident

3 Suicide

4 Homicide 29a. CERTIFIER

HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year)

PANCITO PENIA

4 Nursing Home 5 Residence 8 Other (Specify) 28d. OEȘCRIBE HOW INJURY OCCUREO

26. PLACE OF DEATH (Check only one)

28c. INJURY AT WORK? 28b. TIME OF 1 YES 2 NO

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town. State)

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 296. SIGNATURE AND THE DF CENTIFIER

5 Pending Investigation

6 Could not be determined

2 \_\_ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER 212399

29d. DATE SIGNED, (Month, Day, Year) 7/10/53

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHARLET

0 (my LOAVSIND

9 E. CHASE ST

BALT. MXG, M)

21202

31. DATE FILED (Month, Day, Year)

JUL 15 1993

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32. REGISTRAR'S SIGNATURE

TO THE

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

The second secon

31. DATE FILED (Month, Day, Year)

JUL 15 1993

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, F.O. BOX 60/00, BALTIMONE, MANTLAND ZIZIS-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOA 50	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deor, of Health and Mental Hogiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic	

							9	3 20000			
	1 - STATE REGISTRAR	STATE OF MARYLAND / CE		NT OF HEALT TE OF DEA		ENTAL HYGIENI REG. NO.	E				
1		erman		LUCKE	2	DATE OF DEATH DA		3 9:00 Am			
3		SEX 6. AGE (In yrs. last			_	7. DATE OF BIRTH (Month, Dey, (ber) Country)  2 8 9 90 Germany					
OR	1338 Edna Rd.	and number)	9b. C	93 all		Н	9c. COUNTY	Y OF OEATH			
DIRECTOR	10a. STATE 10b. COUNTY	. Co.		n or Location	λ.		10d. INSIDE CITY LIMITS?				
FUNERAL (	100. STREET AND NUMBER 1332 Edna Rd.			10f. ZIP CC	122		1 □ YES 2 □ NO  10g. CITIZEN OF WHAT COUNTRY?				
B		. WAS OECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		13. WAS DECENDEN' If yes, specify Cu 1 YES 2 N	iban, Mexican, I	or No— 14	14. RACE — American Indian, Black, Whita, etc.  Specify: White				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	npleted) (G/	CEDENT'S USUAL ive kind of work do Do NOT use retire	ne during most of wo	rking	16b. KIND OF BUS					
MP		M	lachini					& Electric			
	17. FATHER'S NAME (First, Middle, Last) Wilhelm Lucke		F	18. M	OTHER'S NAME Anna	(First, Middle, Maiden: Jupitz					
H	19a. INFORMANT'S NAME (Type/Print)		. MAILING ADDR	ESS (Street and Num		rte Number, City or Town	_	ode)			
2	Elinor V. Luck					sadena,		•			
	20a. METHOD OF DISPOSITION  1										
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Ronald Wad	e,Dir	22. NAME AND ADD	RESS OF FACIL	Stat	e Ana	atomy Board			
	bank B. Jan	Kent				oreSt,Ba	lto,	MD 21201			
	23. PART I. Enter the diseases, or comshock, or heart failure. List iMMEDIATE CAUSE (Finei disease or condition resulting in death)	only one cause on each lina	sitor		1	cular d		intervai Between			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a conseduence of):  Due to (or as a conseduence of):  Due to (or as a conseduence of):  d										
_	PART II. Other aignificant conditions co	ontributing to death but not r	esulting in tha	undarlying caus	e given in Pa			24b. WERE AUTOPSY FINDINGS			
MEDICAL	ANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 10 NO  1 YES 2 10 NO  1 YES 2 10 NO										
N.											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)										
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		I. DESCRIBE NOW INJURY OCCURED					
B⊀	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At hos building, etc. (Specify)	ND 2	281. LOCATIDN (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
00	2 MEDICAL EXAMINER: 0	On the basis of examination and/or I	investigation, in n	ny opinion, death oc	cured at the tin	ne, data and place, and	d due to the o	cause(a) and menner as stated.			
TO BE	296 MONATURE AND ITTLE OF CERTIFIER	2 Bosta	m.d.	Δ	YHP 7	0	29d. DATE S	112/93			
	30. WARRE AND ADDRESS OF PERSON WHO CO	IMPLETED CAUSE OF DEATH (ITE)			LARD, P.	Α.					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		a, MD 21122							

REG. NO

2. DATE OF DEATH

FOR

1 -

STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

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	•
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<b>N</b>	
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$\mathbf{a}$	
<b>BOX 68760</b>	
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DIVISION OF VITAL	
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3. TIME OF DEATH (DOROTHY LEVITT) DOROT JULY 8 A 4. SOCIAL SECURITY NUMBER 219-10-3898 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 1 🗌 M 2 🗒 🗗 DAYS HOURS MARCH 29,1907 86 MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR 8366 PEACHWOOD DRIVE **JESSUP** ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL MARYLAND **JESSUP** 1 TYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 8366 PEACHWOOD DRIVE 20794 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri

1 VES 2 NO Specify: 1 Never Married 2 Merried Specify: WHITE B IF YES, GIVE WAR OR DATES 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY ò Elementary/Secondary (0-12) College (1-4 or 5 +) 12 OPERATOR MD CUP COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ JOSEPH GOLDMAN the funeral director, page 5 should be ANNA BE ERIC notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS SHIRLEE COHEN 8366 PEACHWOOD DRIVE JESSUP, MD 20794 be 20a. METHOD OF DISPOSITION
1 X Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Must WORKMEN CIRCLE 7-14-93 4 Donation 6 Other (Specify) BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 medicai 23. PART I Enter the diseases, or corpoligations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, filled in by **Approximata** shock, or heart failure Last only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death and completely fille burial, cremation, the disease or condition CONGESTIVE HBART FAILURE 18 HRS within resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) executed traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST ö death injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS any PERFORMED? AVAILABLE PRIOR TO APRIL 1993 COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO Shows 1 YES 2 NO PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ATTENDING PHYSICIAN: The Item After this certificate death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 KNO OTHER: me Residence 6 🗆 Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: Af filed within 72 hours after de 3 Suicide 49 ETED. 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 28 determined Item 29e. CERTIFIER
(Check only one)
One)

A MEDICAL EXAMINE On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL PORTANT: 11 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12ene D 17502 7/12/92 223 9 LETED CAUSE OF DEATH (LIEM 27) (Type, Print) HICKORY BIA MID RIDSES 21049 ROAP COLUMBIA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be med within 72 hours after death with the State Legy, or results and mental rydiere prior to during the medical examinar must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF HI		MENTAL HYGIENE	9	3 20535		
100	DECEDENT'S NAME (First, Middle, Lest)	LENORA,	K. LE	WIS		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH		
	220-07-5490	5. SEX 6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) 8. BIRTH Country 6-11-1919 Mai			
STOR	90. FACILITY NAME (If not institution, give stre ST. JOSOPH + RESIDENCE OF DECEDENT	tospital		96. CITY, TOWN OF	LOCATION OF DE	ATH	Bal	more		
DIRECTOR	Maryland 10b. county		10c. CITY	, town on Location	re City		10d. INSIDE CITY LIMITS?  XX YES 2 NO			
FUNERAL	100. STREET AND NUMBER 4315 Anntana Aven	ue		101.	ZIP COOE 2120	3	10g. CITIZEN OF USA	WHAT COUNTRY?		
B≺	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2/ IF YES, GIVE WAR OR DATES		It yes, spec	NDENT OF HISPAN offy Cuban, Maxica NO Specify	IC ORIGIN? (Specify Year n, Puarlo Rican, atc.)		E — American Indian, ck, White, atc. chy: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	(Give kind of w life. Do NOT us		of working	16b, KIND OF BUSI				
OME	12 years 17. FATHER'S NAME (First, Middle, Last)		Payro	oll Clerk		ULTY OI ME (First, Middle, Maiden S	Baltim Gurmanne)	ore		
BE	William Edward Mi					elores Holt				
2	19a. INFORMANT'S NAME (Type/Print)  Mr. Charles W. Ne					icute Number, City or Town, La Avenue	State, Zip Code) 21204			
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remove	20b. PLAC		F DISPOSITION (Nam			ATION — City or T	own, State		
	4 ☐ Donation 6 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	Metr	o Cres		ADDRESS OF FA	14-93 Balti	more, M	d		
	To son hu t	- Allen		74/11	DO.	DIR	11. mal	121221		
ATION	23. PART I. Entar tha diseases, or co shock, or haart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	O D N I	<b>A</b> 7:	o Di dying, add	reactional of respir	nory arreat,	Approximate Interval Between Onset and Death		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF	7):						
MEDICAL	PART II. Other eignificant conditiona CHRONIC OB RENAL	contributing to death but no	PU Lp	PULPTO MARY PISCASE  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 KNO  OF						
CIA	Z 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   NO   No   No   No   No   No   No										
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	BHU	M 1 YE	K7	Edd. Degombe non me	JOHN GOCONED			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, On the basie of examination and/o	HOUSE PHYRICIA 29C. LICENSE NUMBER  D 42723  ATH (ITEM 27) (Type, Print) 3745  PALTIMORE  MORE  D 4236  D 4236  D 4236  D 4236  D 4236							
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Hamh H	louse	PHYREIM	D 4 2	723	29d. DATE SIGNET	(Month) Day, Year)		
	AVVERAHALLI M	HARISH.	TEM 27) (Type,	ALTIMOR	E FOX	FORD SIR	Enm 1236	ROAP		
	31. DATE FILED (Month, Day, Year)  JUL 15 1993 Aug	32. REGISTRAR'S SIGNATURE	L							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dibed within 72 hours after death with the State Deot, of Health and Mental Hybiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at a
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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

1, 2, 3 should

	FOR STATE REGISTRAR		STATE OF I	MARYL			TMENT				MENTA	AL HYGIEN REG. NO	_	3	20536
	1. DECEDENT'S NAME (First	athe	MAC.	_	Bru						MON	7-10	× 4	JEAR.	3. TIME OF DEATH
	212-32-8	1 1		6. AGE (	in yrs. lesi	YRS.	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATI	E OF BIRTH	34	8. BIRTI Count	HPLACE (State or Foreign try)
<u>س</u>	9e. FACILITY NAME (If not institution, give street end number) Stella Maris Hospice							Town o		ION OF DI	EATH			nty of c	DEATH More
5	RESIDENCE OF DECEDENT  100. STATE  100. CITY YOURS ON LOCATION														
Maryland Baltimore Overlea/Fullerton											10d. INSIDE CITY LIMITS? 1 YES 2 Y (NO				
A A												77.7			
EB	7120 0										Λ				
3	7 1.38 Greenwood Avenue 21206 USA  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Ind											E — American Indian.			
BY F	3 Wildrand 4 Disported IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:														
ETED		EDENT'S EDUC highest grade			(Gh	ve kind of	USUAL O			ing	16	b. KIND OF BU	SINESS/INI	DUSTRY	MILLOG
1 =	Elementary/Secondary (0	l-12)	College (1-4 or 5	+)		Do NOT us									
COMPL	6th grade	iddle I sett			Н	ouse	wite	<del>-</del> -				Homem		<u>q</u>	
BE CC	Fred Rhodes	nouve, cast)									,	Middle, Maiden	Sumeme)		
TO B	190. INFORMANT'S NAME (7											mber, City or Tow			
	Mr. Charles			-		_			_	enue	Ba]	Lto., №	ld. 2	1206	
	20e, METHOD OF DISPOSITION A Burlet 2 Cremetto		oval from State				Property Property			tery	7/]	TE 20c. LO L3/93 B	cation -	City or To	own, State
	21. SIGNATURE OF FUNERA	Eune E	ensee	4n 1			22.	NAME AN	D ADDRE	SS OF FA	CILITY	21 2	30/1	20,1	nd
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert valiure.	. Meta	stat	Li L	R	ecta			ng, suc		rdiec or respi	ratory ar	rest,	Approximate interval Between Onset and Deeth
DUE TO (OR AS A CONSEQUENCE OF):    Due to (OR AS A CONSEQUENCE OF):															
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO									24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
AN	25. WAS CASE REFERRED TO	MEDICAL T						28 D4	ACE OF P	EATH M	nok onti-	l l l l l l l l l l l l l l l l l l l			
EXAMINER?  1 VES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  28b. DATE OF INJURY  28b. TIME OF  1 NATION  28b. INJURY AT  28b. DATE OF DEATH  28c. INJURY AT  28d. DESCRIBE HOW INJURY OCCURED															
										H6 SOILE					
B	1														
TED											Route Number,				
COMPLET			CIAN: To the best of R: On the basis of e												e) and manner se stated.
Ü	296. STONATURE AND TITLE									ENSE NUM					(Month, Day, Year)
00	Laila	Hh (	elexa	NO	la	11	$\mathcal{I}$		D	271	28:	7	17	112	192
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEA	TH (ITEM	27) (Туре,	Print)			- 10		•	,	112	

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THEPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	OEIIIII	ONIE OF BEATTI	HEG. NO.						
	1. DECEDENT'S NAME (First, Migdle, Last)		2. DATE OF DEATH MONTH YEAR  3. TIME OF DEATH						
	1900 /10016		7893	12101. M					
	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (in yrs. lest birthday)  1 M 2 F 5 2 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
	So. FACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OR LOCATION OF DI		TY OF DEATH					
PO R	Seton Hill Manor	Balto							
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c CITY	Y, TOWN OR LOCATION		T					
DIRECTOR	Md	Ba (to		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	501 W. Franklin St	101. ZIP CODE	10g. CITIZI	EN OF WHAT COUNTRY?					
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	2/20	/	1. SA					
	1 Never Merried 2 Merried FORCES? 1 YES 2 MO	If yes, specify Cuben, Mexica	n, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, atc.					
ВУ	3 Widowed 4 Divorced	1 TES 2 TONO Specifi		specify: Black					
臣	(Specify only highest grade completed) (Give kind of w	USUAL OCCUPATION ork done during most of working	16b. KIND OF BUSINESS/INDU	SS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) Ille. Do NOT us	e retired.)		_					
00	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Maiden Surname)						
BE	John Moore ist	E/12	abeth Gos	5					
2	196. INFORMANT'S NAME (SippOPPINI)  Ellen Oy Oshebi  501	ADDRESS (Street and Number or Rural)	Route Number, City or Yown, State, Zip of	te MU 21201					
5	20e_METHOD OF DISPOSITION  1	F DISPOSITION (Name of her place)	DATE 200 LOCATION - CH	ty or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CHITY +	(13/0WH, PG					
	Herme A. Shampson J	e March Fil	4. Wabash	· Are					
ı	23. PART I/Enter the diseases, or complications that caused the death. Do n shock, or heart failure. List only one cause on each line.	ot enter the mode of dying, suc	h as cardiac or respiratory arres						
	IMMEDIATE CAUSE (Final	OT /	10 5 0	Interval Between Onset and Desth					
	disease of condition resulting in death)	& I Manual	eficer ) ynd!	h. year					
_	DUE TO (OR AS A CONSEQUENCE OF		/ () /	1					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury			10					
	that initiated events  DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST	):							
<b>E</b>	d,								
1.0	PART II. Other significant conditions contributing to death but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
EDICAL	Derelyful ul	ueis	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
ME			300,000,000,000,000,000	t YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28 PLACE OF DEATH (Che	ock only one)						
HYS	1	Nursing Home 5 Residence							
BY PI	1 Natural 5 Pension (Month, Day, Year)		28d. DESCRIBE HOW INJURY OCCU	RED					
	3 Suicide S Could not be 26s. PLACE OF INJURY — At home, farm, st	reet, factory, office	281. LOCATION (Street and Number or	Rural Route Number,					
COMPLETE	4 Homicide		City or Town, State)						
₫	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death gecurred								
Š L	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation	, in my opinion, death occured at the	time, date end place, and due to the	cause(e) end menner se stated.					
BE	29b. SIGNATURE AND THE OF CENTIFIER	29c. LICENSE NUM	BER 29d. DATE S	SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)	70 34 1	70 75					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	10 Old Cout Rd	Julo 201 Rand	Whom hours					
N	JUL 1 5 1993								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	3Y PHYSICIAN: MEDICAL
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	1 - STATE REGISTRAR	SIAIE UF I	VIANTLA		ICATE O			MENTAL HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)				10/11-			2. DATE OF DEATH			3. TIME OF DEATN	_
	LENORE	(NMN)		MA	CKINT	OSH		7 1		YEAR	11:00 P	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YE	-	R 24 HRS.	7. DATE OF BIRTH		8. BIRTNP	LACE (State or Foreign	
	217-26-3849	1 🗆 M 2 🔀 F	86	YRS.	MONTHS DA	rs Hours	MIN.	(Month, Day, Year) 5-8-1907	-	PA.		
~	9e. FACILITY NAME (If not institution, give			7.5	VN OR LOCAT		EATH		ITY OF DE		_	
DIRECTOR	NORTH ARUNDEL HO	SPITAL			GLE	1 BURN	1E		ANNE	ARU	NDEL	
EC	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					IOd. INSIDE CITY	
HO	MARYLAND ANN	E ARUNDEI		GL	EN BUR	NIE					LIMITS?X	
	10e. STREET AND NUMBER					10f, ZIP COD	E		10g. CITIZ		IAT COUNTRY?	_
FUNERAL	701 WINTON AVENU	E				2106	1		U.S	.A.		
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED	13. WAS	DECENDENT	OF NISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,	
BY	1 Never Married 2 Merried 3 Never Married 4 Divorced	IF YES, GIVE V	WAR OR DAT	TES		YES 2X NO		n, Puerto Rican, etc.)		Black, White, atc. Specify:		
	15. DECEDENT'S EDU	ICATION		16a. DECEDENT'S	1101141 00011	471011		1			WHITE	
	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of life. Do NOT u	work done during	most of world	ng	16b, KIND OF BUS	SINESS/IND	USTRY		
PL	8	NONE	"	LINE OPERATOR DISTILLERY								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First, Middle, Maiden	Sumame)			_
BE (			Н	IXSON		MA	RTHA		WII	LIAM	S	
2	190. INFORMANT'S NAME (Type/Print) ROSE A. SMITH			19b. MAILING	ADDRESS (Str	of and Numbe	r or Rural F	Route Number, City or Town	n, State, Zip	Code)	61	
							£, G.					
	20b. PLACE AND DATE OF DISPOSITION 1 Demonstrate of Cametery, Crametory or other place) 4 Donatton 5 Other (S. 1)  20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, Crametory or other place) GLEN HAVEN MEMORIAL PARK 1993											
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	IG	LEN HAV		RIAL  AND ADDRE		1993				_
	▶ V I X	- d:						, S.W.,GLE			AL HOME	
$\dashv$	23 DADE Estados discussos su	00									MD.21061	
	23. PAST I. Enter the diseases, or ehock, or heart fellure.	List only one cau	ise on eac	the death. Do i ch line.	not enter the	mode of dy	ing, suct	h aa cardiac or respi	retory arre	at,	Approximate Interval Between	n
	IMMEDIATE CAUSE (Final disease of pandition									Onset and Deati	h	
	disease or condition resulting in death) a. Congestive Heart Failure  DUE TO (OP AS A CONSEQUENCE OF):									Lyear:	S	
z												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
5	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
Ē	that initiated events resulting in death) LAST	502 10	(On AS A (	CONSEQUENCE OF	r):						i	
핑	d,											_
¥.											ERE AUTOPSY FINDINGS	,
8								1 YES 2		0	OMPLETION OF CAUSE	
Σ										1	☐ YES 2 ☐ NO	
ä												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER:	PLACE OF D	EATH (Che	ock only one)				$\exists$
HYS	27. MANNER OF DEATH	1 Mpatient 2 28e. DATE OF		tient 3 DOA		INJURY AT	sidence	8 Other (Specify)				
BY PHYSICIAN: MEDICAL	1 Natural 5 Pending	(Month, De			URY	WORK?	NO	28d. DEŞCRIBE HOW IN	IJURY OCC	URED		
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY -	At home, ferm, a			3	28f. LOCATION (Street e	nd Number o	or Rural Rou	rte Number,	Ħ
Ξl	4 Homicide determined	building,	etc. (Specify	7)				City or Town, State)				
2	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowled	dge, death occurre	ed at the time, o	late end piece	end due	to the ceuse(e) end man	ner ee state	d.		f
COMPLETED	one) 2 MEDICAL EXAMINE										nd menner se stated.	
w II	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICI	ENSE NUM	BER	29d. DATE	SIGNED (A	fonth, Day, Year)	$\dashv$
TO B	Ma	-c of	um	MD.		Di	08	00	1	113	193	
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEAT									Ħ
	Los Hospital	Drive	Jui	th 20	P C	len !	Bur	nie Mar	vlan	7 3	1011	
Fac										-	-1001	_ !
>	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNAT	TURE					1	0 0	_,061	۲



The state of the s

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DICTEST Ir. Cormick 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DA IF UNDER 24 HRS. 69 1 M 2 - F TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 9a. FACILITY NAME (If not institution) 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR 6811 Campfield Home 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland Baltimo FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2120 Rock Campfield 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2. NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGINAL STREET, SPECIFY Cuben, Mexican, Puer FORCES? 1 YES 2.
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВУ 1 TES 2 NO Specify: 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
iffe. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (Firs notified at McCormic mma 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu 2 )e1 oves pe 20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must Buriel 2 Cremation 3 🗆 Rem 4 Donation 5 Other (Specify) Western Far Cometery 7 examiner 22. NAME AND ADDRESS OF FACILITY
Gary P. March 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Gary 270 Fred medical 23. PART I. Enter in diseases, or complications that caused the death. Do not enter the mode of dying, such as conshock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** the disease or condition NI recuiting in death) traumatic event, DUE TO (OP-AS) A CONSEQUENCE OF): RD101440 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Entar UNDERLYING other t CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST injury, or PART II Other significent conditione contributing to death-but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL SEZ shows any ULTIPI ECRONG JECU BITUS - HYPERI ENSION 23 25. WAS CASE REFERRED TO MEDICAL Item 26\_PLACE OF DEATH (Check only HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO marked, or me 5 - Residence 6 - Ot 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. D 1 Natural 5 Pending Investigation 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 261. LC .09 COMPLETED 6 Could not be Item 28 4 Homicide determined 29s. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cone) IMPORTANT: 16 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c LICENSE NUMBER 285 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 7220 use 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3 TIME OF DEATH

NTH DA	3 195	EAR 12	8:007m
TE OF BIRTH onth, Day, Year)		BIRTHP Country)	LACE (State or Foreign
-30-	20 W	ASh	unation M.
	Bal	OF DE	none
			10d, INSIDE CITY
			1 YES 2 PAO
7	10g. CITIZEN	S,	A COUNTRY?
GIN? (Specify Yes o Ricen, etc.)	or No- 14	RACE Black,	- American Indian, Whits, etc.
		Specify	
6b. KIND OF BUS	INESS/INDUS		
altingr	rio-	5	chooc
t, Middle, Maiden	Sumame)	-	NOUC
tone		_	
Ave. 1	Balto	1.4	w 21215
19 B	ATION - City	or Town	n State
Funer	al Hov	ne.	P. A. D. M. 21229
			Jel. 21229
erdiec or reepir			Approximata Interval Between
11	ART		Onset and Death
LA	LUR	Non-	
1-111	cur	C-	
24s. WAS AN	UTOPSY		VERE AUTOPSY FINDINGS
PERFORI	MED?	Á	WAILABLE PRIOR TO COMPLETION OF CAUSE
			OF DEATN?
one)			
her (Specify) EŞCRIBE NOW IN	JURY OCCUR	ED	
CATION (Street ar by or Town, State)	nd Number or F	Rural Rou	ıta Number,
euse(s) and ment			
te ena piece, and			doeth Od. Next
	29d. DATE SIT	DIED (N	S/93
7	1.0	10	ha all
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			21200

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to buriat, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	NAME (First, Middle, Last)	Jeffar	HOH			2. DAT		199	YEAR	3. TIME OF DEATH
165-3	8-8666	1 🔀 M 2 🗆 F	AGE (In yrs. last birthda 45 YRS.	MONTHS DA	S HOURS MIN.	1-	E/OF BIRTH nlh, Day, Year) -16-194	8	Country	PLACE (State or Foreign v) nington, D.C.
	AME (If not institution, give 28 Pulaski			96. CITY, TO	opa	DEATH			iltim	
123 RESIDENCE 10a. STATE Maryl		Baltimore	10c. C	TY, TOWH OR L	Reiste	rsto	wn			10d. INSIDE CITY LIMITS? 1  YES 2 NO
100. STREET A 41 11. MARITAL ST	1 Valley M				101. ZIP CODE 211			U	S.A	HAT COUNTRY?
1 110000	ried 2 📉 Merried 4 🗌 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes	DECENDENT OF HISP/ , specify Cuban, Mexic YES 2 NO Spec	can, Puarlo	IN? (Specify Yes Ricen, etc.)	or No-		- American Indian, White, alc.  White
Elementary/	15. DECEDENT'S EDI (Specify only highest grad Secondary (0-12)	College (1-4 or 5+)	(Give kind o	'S USUAL OCCUP of work done during use retired.)	ATION most of working	16	b. KIND OF BUS			
17. FATHER'S N	AME (First, Middle, Last)	4		ager	16. MOTHER'S N			Sumame)	.on	
H		luthbert Ke					Matth			
)	Janie P. H	Trans			et end Number or Rura					
20a. METHOD C	Off DISPOSITION Cremation 3 Ren 5 Other (Specify)		E OF DISPOSITION	1 ley Meadow Circle Apt. B2 Reisterstown, Md. ( PEDISPOSITION (Neme of ber, plece) 1 cher Cemetery 7/14 CheltenhamTownship, Pa						
21. SIGNATURE	of FUNERAL SERVICE LI	Marcell.		22. NAM	AND ADDRESS OF F	ACILITY	Marzull	o Fur	neral	Service
23. PART I. E s IMMEDIATE ( disease or co resulting in c	ondition	Liet only ona cause	aused tha death. Do on each lina.		mode of dying, su	ch as cer	rdiac or reepi	ratory arm	eet,	Approximata interval Between Onset and Daeth
if any, leadin ceuse, Entar CAUSE (Dise that Initiated	Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other	SM RUM MED	g in the undari	ying cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE F EXAMINERY VES :	EFERREO TO MEDICAL			26	. PLACE OF DEATH (C	hack only o	lane)			
EXAMINER!		HOSPITAL:	/Outpatient 3 🗆 DOA	OTHER:	Iome 5 - Rasidence			4 4 7 3	r)	
27. MANNER OF  1 Natural 2 Acciden	5 Pending	28a. OATE OF INJ (Month, Day, Y	URY 26b. Ti	IME OF 28c.	INJURY AT WORK?  YES 2 NO	_	SCRIBE HOW IN	JURY OCC	UREO	
	6 Could not be	26e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	, street, factory, o	ffice	26f. LOI City	CATION (Street a or Town, State)	nd Number	or Rural Ad	oute Number,
3 Suicide 4 Hornick  29a. CERTIFIER (Check only one)		ICIAN: To the best of my								and manner as stated.
296. SIGNATURE	AND TITLE OF CERTIFIE	n Depot	ModicoE	YAM NIE	29c. LICENSE NU	MBER BS		29d, DATE	SIGNED	(Month, Day, Year)
STON 9	DORESS OF PERSON W	COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	Se, (Print)	2/2 6	7			7	

ITEMS: 23 PART I, 27, 28d, e, f, PER MEO G-702

93 20541

BALTIMORE, MARYLAND 21215-0020
TO THE HOS HE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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8 / 2 / 9 3 t . t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	YEA	3. TIME OF DEATH
WILLIAM	J,				ILL	ER	07	0		
4. SOCIAL SECURITY NUMBER  166-36-8378	1			"			(Mont	OF BIRTH th, Day, Year) -1-1948	ATTHPLACE (State or Foreign untry)	
9a. FACILITY NAME (If not institution, give UNIVERSITY S. T						ORE CI	DEATH	1 13 10	9c. COUNTY O	
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v		T son CITY	r, TOWN O	B L OCA	NON.				Land mains arry
Pennsylvania	Westmore	eland	loc. CIT	r, IOWN O	H LUCAI		negal			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER	Box 265				101	. ZIP CODE	5628			F WHAT COUNTRY?
P.U.				-						S.A.
1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE Y	MAR OR DATES	NO	H	yes, sp	ENDENT OF HISI ecity Cuban, Max 2/0XNO Spi	ican, Puarto		В	ACE — American Indian, leck, White, etc.
15. DECEDENT'S EDU	ICATION	e 66-70	ECEDENT'S	USUAL OC	CUPATIO	ON	166	b. KIND OF BUSI	NESS/INDUSTR	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)							
12		2	Superv	isor						ce
17. FATHER'S NAME (First, Middle, Lest)	eorge P.	Miller						Middle, Melden S y Louis		nv
99. INFORMANT'S NAME (Type/Print)  Carol Calabro		1				nd Number or Rur	al Route Num	nber, City or Town	State, Zip Code)	
ton. METHOD OF DISPOSITION			ANDDATEC				DAT	_	ATION - City of	
Buriel 2   Cremation 3   Rem	noval from State	cametary ci	remetory or ol	her place)		emetery	1			nnsylvania
1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ Last	VATCW			ID ADDRESS OF	FACILITY			
> muchael 1.	marg	ullo		39	81C	arrollt				ral Service ryland 2115
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	OR AS A CONSE	EOUENCE OF	7:						
that initiated events resulting in death) LAST	d	(OR AS A CONSE	EQUENCE OF	-): 						
PART II. Other significant condition	ns contributing to	death but not	resulting i	n the un-	deriyin	g cause given	In Part I.	24a. WAS AN A		246. WERE AUTOPSY FINDI
								PERFORM 1 DVES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH	Check only o	ne)		
1 X YES 2 □ NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER		e 5 🗆 Rasideno	e 8 🗆 Othe	er (Specify)		
1 Natural Fending 2 Naccident Investigation	28e. DATE OF (Month, £	Day, Year)	28b. TIMI INJ 3 : 1 (	URY	28c. INJ WO	PRK?				Subject was e swimming
3 Suicide 8 Could not be datermined	28a. PLACE C	OF INJURY — At h , atc. (Specify)	ome, larm, s	dreet, facto		•		CATION (Street er or Town, State)	CEAN	CITY, MD.
9a. CERTIFIER (Check only one)  1 CERTIFYINO PHYS	ICIAN: To the beat or	f my knowledge, d		d at the ti	me, date				ner as stated.	HE BEACH
DESCRIPTIONS AND TITLE OF CENTIFIE		e				29c. LICENSE N	UMBER			IED (Month, Day, Year)
O. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type,	Print)					-	
assistant D	· VaRus	chn.	1 5	an S	4	o to D	-1+:-	nore.	Marril	and 2120

(		3 nouls	?	
		permit.	*	*
020	ohysician.	the funeral director, page 5 should be detached for use as the burial-transit permit	٠	
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	use as the l		
ND 21	hospital or	tached for i		JCB.
LA	y the	be de		at on
MARY	retained b	5 should		al examiner must be notified at once.
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OR	9 ш	ector,		must
Σ	Page	al dire		ner
ALT	Jeath.	funer		хаті
B	ther c	鲁	oval	8

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be delibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	Ontile Of It	CE	RTIF	ICATE OF		MICH	REG. NO	E		2500-
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH	av.	YEAR	3. TIME OF DEATH
ľ		KONALD William MILLER 7 4								3	944 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	7. DA	TE OF BIRTH lorith, Day, Year)		8. BIRTHP	LACE (State or Foreign
	181-26-7143	1.2 M 2 □ F	58	YRS.		11000	10	9-31-	34		sylvania
	9e. FACILITY NAME (If not institution, give s	treet and number)	. A		9b. CITY, TOWN					NTY OF OE	
5	GREATER LAURER!	36075V,U	1704	1121	L-A	UREL			RIM	ce 6	EURBEIS
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
	VA Staf	ford		5	+AFFO,	es)					LIMITS?
AL	10e. STREET AND NUMBER	0	``			f. ZIP CODE			10g. CIT	IZEN OF WI	HAT COUNTRY?
빌	ZZI WHIT	rows Ro	N		2	2554			US	A	
FUNERAL	11. MARITAL STATUS	12. WAS OECEDEN FORCES? 1	T EVER IN U.S. ARM	ED		ENDENT OF HISI ecity Cuben, Mex		IGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	3/18/57	yes 2 no war or dates to 3/18/	<b>'</b> 59			eclly:	no mount ero.			hite
	15. OECEDENT'S EDU				USUAL OCCUPATION	ON	T	16b. KIND OF BUS	SINESS /INI		TITE
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(GM	a kind of	work done during mo se retired.)	ast of working		Departm			e Navv
릴	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	Engi	nee	r			U.S.G			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-			18. MOTHER'S	NAME (Fir	st, Middle, Melden	Sumeme)		
BE (	William Miller					Freda	McC	urdy			
2	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street						
- 1	Margaret L. Mille	er	22	21 W	nitson's	Run, S	taff				
	20e. METHOD OF DISPOSITION 1    Burlel 2 □ Cremation 3 □ Rem	oval from State	cemetery, crem	atory or o	OF DISPOSITION (Na ther place)					City or Tow	*********
	4 Donation 6 Other (Specify)	ENGE	Quanti	.co	National	Cemete	ry 7	/8/93	Tria	ngle,	Virginia
	1000	1			22. NAME A	ADDRESS OF	PACILITY	MULLINS 8	a Than	pean F	uneral Service
_	Dobe K	Cause	~		186 Sh	elton S	hop	Rd., Staf	ford,	VA 22	554
	23. PART i. Enter the diseases, pr eshock, pr heart failure.	List only one cau	t caused the dee see on each line.	th. Do i	not enter the mo	de of dying, s	uch ss c	ardiac or respi	ratory sn	rest,	Approximata Interval Batween
ŀ	IMMEDIATE CAUSE (Finel disesse or condition	4.									Onset and Death
ł	resulting in death)  a My o CARD IAL IN FARCTION  DUE TO (OR AS A CONSEQUENCE OF):										
_											
<u> </u>	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEOU	JENCE O	F):						
8	cause. Enter UNDERLYING CAUSE (Disease or injury	с.									
트	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEOU	JENCE O	F):						
CERTIFICATION	resulting in death) CAST	d									
	PART II. Other significant condition	s contributing to	deeth but not re-	aulting	in the underlyin	g cause given	In Part I	. 24a. WAS AN			WERE AUTOPSY FINDINGS
DICAL								PERFOR		1 1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME									7	- 1	OF DEATH?
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28 PI	ACE OF DEATH	Check only	y one)			
YSI	1 YES 2 NO	1 Inpatient 2	ER/Outpetient 3	DOA	4 Nursing Hom	e 5 🗆 Residend	e 6 🗆 O	ther (Specify)			
	27. MANNER OF DEATH  Natural 5 Pending	26e. DATE OF (Month, D.	INJURY ay, Year)	28b. TIM	URY WO	PK?	28d.	DEŞCRIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation	N 200 BLACE O	IA	-		YES 2 NO					
<u> </u>	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At hom etc. (Specify)	e, term,	street, ractory, offic	•		OCATION (Street e Sity or Town, State)	ind Number	or Rural Ro	ute Number,
	29e. CERTIFIER							<del>-</del>		_	
COMPLETED	(Check only	CIAN: To the best of									
8	2 MEDICAL EXAMINE		A A A	veatigatio	n, in my opinion, o			lete end place, en			
BE	296. SIGNATURE AND TITLE OF CERTIFIES	2060	BURUTY	14e.	NEN	290 LICENSE N					Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH (ITEM	7 / 42 27) (Firm	Print)	401	49	ميد	/	-4	-43
	PAULA Delhor	MA 41	03/12	, (1 <i>1</i> )00	L1	Hunt	4	TH M	6) -	ינדנו	>/
ľ	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	2012	my re	1940	130.	111	2	~ 10	-
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FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	REGISTRAR		C	ERTIF	ICATE C	F DEATH		REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)			-			2. DATE OF	DEATH			3. TIME OF DEA	тн
1	Harry		MELV	VIN	MEN	DELSON	MONTH 07	O		93	6:42	A 11
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Id	6. AGE (In yrs. last birthday)			7. DATE OF BIRTH			8. BIRTH	HPLACE (State or Fi	oreign
	578 46 1391	89	YRS.	MONTHS DAY	B HOURS MIN.	Apr.	16	,190	) 4 <sup>Count</sup>	New Yo	rk	
	9a. FACILITY NAME (If not institution, give st				9b. CITY, TOV	N OR LOCATION OF D	DEATH		9c. COU	NTY OF D	EATH	
8	Suburban Hospi	tal			Beth	esda			Mor	ntgo	mery	
5	RESIDENCE OF DECEDENT											_
DIRECTOR	10s. STATE 10b. COUNTY			10c_CIT	Y, TOWN OR LO	ton, D.	c.				10d. INSIDE CITY	
0											1 X XES 2 [	NO
ZA!	10e. STREET AND NUMBER		F.7			10f. ZIP CODE					WHAT COUNTRY?	
핃	3010 Daniel La					20015				nite	d Stat	es
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	TEVER IN U.S. A		13. WAS	DECENDENT OF HISPA specify Cuban, Maxic	NIC ORIGIN? (S	Specify Year	or No-	14. RACE Black	E — American Indi k, White, etc.	en,
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 NO Specify:					Casian	
	15. DECEDENT'S EDUC	CATION	tén D	ECENENT'S	USUAL OCCUP	ATION	1 405 1/1	ND OF BUS				
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	£	Give kind of the Do NOT us	work done during	most of working	100. KII	NU OF BUS	SINE 35/INL	JUSTHY		
PL	Content y Sacondary (0-12)	5+	'	Atto	rney	Veteran's					inistr	atio
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N.						
<u>ы</u>	Manus Mendelso	n				Ada L		no, marcon	ourname)			
B	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS (Stre	et and Number or Rural		City or Yowi	State 7ir	Code)		
2	Eva Mendelson					ess as		only or low.	r, Otolo, 24	0000)		
	20g. METHOD OF DISPOSITION		20b, PLACE	ANDDATE	OF DISPOSITION	(Name of	DATE	20c. LO	CATION —	City or To	wen State	
	1 Burial 2 Cremation 3 Remo	cemetery, cr	reTelens	hron C	emetery	7-8		elph	-	The second second		
	21. HIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	> /MAnus	*			Iv	es-Pear	son Fi	iner	al E	Iome	S	
	- grande	70 .									6	
	23. PART I. Enter the dispess, or c	omplications that list only one cau	ceused the d se on each lin	leeth. Do r ie.	not enter the	mode of dying, suc	ch ss cerdiec	or respi	ratory er	reet,	Approximination interval B	
	IMMEDIATE CAUSE (Finel disease or condition	_	- 1.		A	4					Onset and	
	resulting in deeth) a. Sandinc Nyres/										ter	
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any leading to immediate									2		
¥.	If any, leading to immediate couse. Enter UNDERLYING	2000000000		LOGENOE O	. ,-						İ	
띮	CAUSE (Diseese or injury that initiated events	DUE TO	O (OR AS A CONSEQUENCE OF):									
E	resulting in deeth) LAST											
2												
DICAL			death but not resulting in the underlying ceuse given in Part i.					Part I. 24s. WAS AN AUTOPSY 24b PERFORMED? 24b			WERE AUTOPSY FI	
8	1) 1 a deles h	rellita.	\$					YES 2			COMPLETION OF CO	
ME	/ Sparlensw	rin .									1 YES 2 1	NO
ž	//											
PHYSICIAN:	25. WAS CARE REFERRED TO MEDICAL EXAMINATOR	HOSPITAL:				PLACE OF DEATH (C)	heck only one)					
YSI	1 TO EB 2 D NO	1 Inpatient 2 I	ER/Outpatient	3 🗆 DOA	OTHER: 4. Nursing H	ome 5 🗆 Residence	6 C Other (Sp	pecify)				
표	27. MANNER OF DEATH	26a. DATE OF I		26b. TIM	E OF 26c.	INJURY AT WORK?	26d. DEŞCRI	BE HOW IN	JURY OC	CURED		
B	1 Defiatural 5 Pending Investigation					YES 2 NO						
	3 Suitclide 6 Could not be determined	28a, PLACE OF building,	INJURY — At h	ome, term, a	street, tectory, o	ffica	281, LOCATIO City or To	N (Street a	nd Number	or Rural R	loute Number,	
	a C Nomined											
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	ZIAN: To the best of i	my knowledge, d	aath occurre	ed at the time, o	ate and place, and due	to the cause(a	) and man	ner as stat	ed.		
8	one) 2 MEDICAL EXAMINER	t: On the basis of ax	amination and/or	Investigatio	n, in my opinio	n, death occured at the	time, data and	place, and	dua to th	e ceuse(a	) and manner as a	tated.
	296. SIGNATURE AND TITLE OF CERTIFIER		1			29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
BE	111	Phl.		man.			3357		•	7/	1/53	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	EM 27) (Type,	Print)	1 // 0	/			1/	10/0-	
	VLee Jonat	tion p	mishe	~	1801	E. Les	ferse	- (	f.	Kar	Kville	ma
	31. DATE FILED (Month, Day, Year)	32. DEGISTRAF	S SIGNATURE									0-4)
	111 15 1993 9	and Devidor	-fondell	•								

TO THE HOSPITAL OR ATTENDING PHYSCHAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR After this certificate has been agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Heart And Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

5



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	MARYLAN				EALTH AND	MENT	AL HYGIEN		93	205	544
1. DECEDENT'S NAME (First, JOSEPH	, Middle, Last)	I.				NA	GY	2. DAT	TE OF DEATH	AY 19	9 JEAR	3. TIME OF D	EATH P.
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In ye	s. last birthday)	IF UNDER 1 YE	EAR	IF UNDER 24 HRS	. 7. DAT	E OF BIRTH		,	HPLACE (State of	
215-05-1824		1-M 2 F	84	YRS.		AYS	HOURS MIN.	(Mo	inth, Day, Year)	00	Count	(Yr)	7 0.0.9
90. FACILITY NAME (If not in					Mar. 9, 1909 Md.								
4913 BELA	IR RO	DAD.			BALTIMORE CITY. N/A								
RESIDENCE OF DEC											4		
10a. STATE	10b. COUNT	,			Y, TOWN OR L		TON					10d. INSIDE C LIMITS?	ITY
Md.		N/A		Ba	altimon	_						1 🔀 YES 2	
10e. STREET AND NUMBER	70.3	D.742	37.3			101	ZIP CODE					WHAT COUNTRY	7
4913 Belair	Ra						21206				S.		
11. MARITAL STATUS  1 Never Married 2	Merried	12. WAS DECEDER	YES 2	□ NO	If yo	s, sp	ENDENT OF HISI ecify Cuben, Mex	ican, Puert		s or No—	14. RAC Blac	E — American I k, White, etc.	ndlen,
3 X Widowed 4 Divo	rced		/A				2 NO Spe	city:	HO		Spec	white	216
15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	16	Give kind of	work done durin			10	6b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0	)-12)	College (1-4 or 5	+)	ille. Do NOT u	2001				7.0				
17. FATHER'S NAME (First, M	Helette I mass	N/A		Retir	red Bal	cei			Self.		Loye		
John Nagy									t, Middle, Melden				
190. INFORMANT'S NAME (7		_		105 MAIL INC	ADDRESS /S		此上上: nd Number or Rur		h Kolli	W-1	(- O-d-)		
Ellen Lucy											,,	1000	
			20h PL	ACE AND DATE			gton Ave		_	CATION -			
20a METHOD OF DISPOSIT 1 ABurial 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	cemeter	wnsvi	ther place! Le Ve	t.(	Cemeter	y <b>7</b> -1	5-93	Crow	nsvi.	lle, Md	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22. NAM	ME AN	Baltin	FACILITY	Nation	al D	ike		
G. Tru	man Sc	hwab					imore,			Cheda JL a	LIKE		
23. PART I. Enter the d	lsesses, or	complications the	it coused th	e deeth. Do						iretory si	rest,	Approx	
IMMEDIATE CAUSE (Fir disease or condition resulting in death)		s. Due To			A~ (	Ca	28/70	ax	ulas	215	Lax	Onest	Between and Death
Sequentially list condition if any, leading to imme	diate	b	(OR AS A CO	NSEQUENCE O	F):								
CAUSE (Disease or Inju		c	(OR AS A CO	NSEQUENCE O	F):								
that initiated events resulting in death) LAS	Т		(		,								
	-	d											
PART II. Other significs	ondition	s contributing to	desth but i	not resulting	in the under	rlying	ceuse given	in Part I.	24a. WAS AN PERFOR		248	WERE AUTOPS	
									1 TES 2	NO		OF DEATH?	F CAUSE
												1   YES 2	□ NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	28. PL	ACE OF DEATH	Check only	one)				
1X YES 2 □ NO		1 Inpatient 2	ER/Outpatie	nt 3 🗆 DOA	4 Numing	Hom	e 5 Residenc	8 Off	her (Specify)				
27. MANNER OF DEATH	Pending	28a. DATE Of (Month, E		28b. TIN	JURY	WO	URY AT RK?	28d. D	EŞCRIBE HOW I	NJURY O	CCURED		
	Investigation		Tanana				rES 2 NO	-					
	Could not be determined	building.	atc. (Specify)	At home, term,	street, factory,	office		281. LC	ty or Town, State)	and Numbe	or or Rural	Route Number,	
29a CERTIFIER													
(Check only		R: On the basis of a										a) and	and the second
	-	On the basis of t		wor investigatio	on, in my opini	on, d			ne end piece, en				
296. SIGNATURE AND TITLE	A.	JA.					O.C.		. 114	29d. DA	7 / 1 ]	(Month, Dey, Ye L / 1993	er)
20. NAME AND ADDRESS OF	F-PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Tene	. Prints	-	310000000			_	_		

111 Penn Street, Baltimore, Maryland

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press 1, 2, 3 so be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

.32, REGISTRAR'S SIGNATURE

21201

BALTIMORE, MARYLAND 21215-0020

6 may be retained by the hospital or attending physician.	or, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ust be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	0	CE				DEAT		WENTAL N	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH		AY		3. TIME OF DEATH
	REBECCA JONES	PRINCE	<u> </u>						7 -	- 10		93	11:30 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF I			8. BIRTH Countr	PLACE (State or Foreign
	215-32-9537	1 🗆 M 2 💢 F	93	YRS.	MONTHS	LIAVS	HOURS	MIN.	12-2	28 - 1	899	COUNT	ALABAMA
~	9e. FACILITY NAME (If not institution, give			٠			OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
ĕ	4206 ROLAND A	VE. A	APT. 2B		В	ALT	0.						
DIRECTOR	10a. STATE 10b. COUNT	TY .		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	MD.				BAL	то.						_	LIMITS?
Z.	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	4206 ROLAND	T					212	210				U.	S.A.
	11, MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED	- 1	It yes, sp	ecity Qube	n, Maxican	IC ORIGIN? (S	pecify Yearn, atc.)	or No-	14. RACE Black	American Indian,     White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES			1 TYES	2 NO	Specify:	:			Spech	y: WHITE
8	15. OECEDENT'S EDU	JCATION	16a. DE6	CEDENT'S	USUAL O	CCUPATIO	ON		16b, KIN	ID OF BUS	SINESS/INC	USTRY	***************************************
ᄪ	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT u	work done se retired.)	during mo	st of workin	g					
COMPLETED	12yrs		H	OUS	EWIF	`E			HO	OMEM	(AKE	R	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	ME (First, Middl	le, Maiden	Sumeme)		
BE	ALLEN C. JONE  19a. INFORMANT'S NAME (Type/Print)	∃S							A LEV				
2	FRANK M. PRIN	ICE	196						oute Number, (				rp 01010
	20a. METHOD OF DISPOSITION		20b. PLACE A					AVE	APT.	_	CATION -		ID 21210.
	1 Donation 6 Other (Specify)	noval from State	cemetery, crer	natory or o	ther place)	H. (	NIC	18	7/14		LTO		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	<u> </u>						ENKI	I.C. C		NIC C	10
	*\N/100mm	Clark	2711			190	KI V	V• ∪ 7₽K	BD I	O GV. P.TAR	K 50.	D. 2	21212.
	23. PART I. Enter the diseases, or	complications tha	t ceusad the dea	ath. Do r	not entar								Approximate
	ahock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one cau	se on each line.		2.1	^				•		•	Interval Between Onset and Death
	disease or condition resulting in death)	A.	House	. (	N	A							
		DUE TO	(OR AS A CONSEQ	UENCE O	F):	\							20
NO	Sequentially list conditions,	b	(OR AS A CONSEO	SC	U	)							20 yrs
TA.	If any, leading to immediate cause, Enter UNDERLYING	DOE TO	(OH AS A CONSEO	UENCE O	F);								
F	CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSEQ	UENCE OI	F):								-
CERTIFICATION	resulting in death) LAST	d											
	PART il. Other significent condition	na contributing to	deeth but not re	eultina	In the un	darlylac		been to F	Don't Las				
PHYSICIAN: MEDICAL				outing !	in the un	ocitying	r couse g	IVOIT III P		PERFOR		240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
E									-   10	YES 2	NO		OF DEATH?
2													1 Tes 2 No
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DE	ATH (Chec	ck only one)				
YSIC	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R: sing Home	S Res	sidence 6	Other (Sp	ecify)			
PH	27. MANNER OF DEATH  1 Natural 5 Periding	26e. DATE OF (Month, Di		28b. TIM INJ	E OF URY	28c. INJI	URY AT RK?	Ĩ	28d. DEŞCRIE	BE HOW IF	NJURY OC	CURED	
B	2 Accident Investigation				M		ES 2 [						
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At hon atc. (Specify)	ne, tarm, s	street, lect	ory, office			City or To	N (Street e wn, State)	nd Number	or Rural Re	oute Number,
COMPLETED	29e. CERTIFIER												
₽ M	(Check only one)  2 MEDICAL EXAMINE	ICIAN: To the best of											
	29b. SIGN JURE AND TITLE OF CERTIFIE		_		11, 111 Hily O	pinon, di				piace, en			
H	Theory J.	Shill	EnM )	)			29c. LICE	SE NUME	L2		29d. DAT	SIGNED	(Mdrith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print)		7		7		- /	1/2	193
	GREGORY L. W.					JIV.	PK	WY.	BALT	O,MI	D. 2	1218	3 <b>.</b>
IN	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		·								
10	JIII 15 1993 A	ind Davidson	-Ander										

a la comita del comita de la comita del la comita del la comita del la comita de la comita del la comita de la comita del la c

(T)	1
BALTIMORE, MARYLAND 21215-0020	or beauti. Tage o may be retained by the hospital of attending physician.

TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 12 them. The form the burial transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTII	FICATE C	F DEATH	REG. NO		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Esthe	er W. Proul	x			July 12,	1993 YEA	7:00 P.M. M
			'In yrs. last birthday	IF UNDER 1 YE	R IF UNDER 24 HRS.	7. DATE OF BIRTH	a. Bif	RTNPLACE (State or Foreign
	104-22-0829	□ M 2 1 F 9	7 YRS.	MONTHS DAY	S HOURS MIN.	May 1, 18	396 F	Pennsylvania
	9e. FACILITY NAME (If not institution, give street	9c. COUNTY OF						
<u>«</u>	Good Samaritan Nurs	aina Conton		Ba	ltimore (	City		
1 8	RESIDENCE OF DECEDENT	sing Center		1 20	TCIMOIC			
DIRECTOR	10a. STATE 10b. COUNTY			TY TOWN OR LO				10d. INSIDE CITY
=	Maryland		P	altimor	3			LIMITS?
A	10s. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	1601 East Bely	vedere Ave.		1	21239		U.	S.A.
5	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC DRIGIN? (Specify Yes	or No.— 14. R/	ACE — American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES			specify Cuban, Mexico (ES 2 X ND Specif		Bi	lack, White, etc.
BY	\$\limit{X}\ Widowed 4 □ Divorced				22	,	-   "	White
8	15. DECEDENT'S EDUCATI (Specify only highest grade con	IDN npleted)	16a. DECEDENT	S USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INDUSTRY	1
	Elementary/Secondary (0-12)	College (1-4 or 5 +)		work done during use retired.) Teache		New Vo	ck State	Schools
2 A	12	2	SCHOOL			116M 101	. A State	: SCHOOLS
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
6 111	John R. Sherman	Willis			Eliza	abeth Klei	in	
TO BI	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Joseph R. Proulx		1173	l Bragd	on Wood,	Clarksvill	le, Mary	land 21029
5	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Removal	20b	PLACE AND DATE	OF OISPOSITION	(Name of	OATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify)	H Carr	ilitop	Service	Corp. 7-	-14-93 Tov	vson, Ma	ryland 21204
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			ANO ADDRESS OF FA			
באמוויוופר וויניגו טפ	► Wallers S	Buch	1 a			uneral Home		
	23. PART i. Enter the diseases, or com	1:13-00.0	y July	11050	York Road	l, Towson,	Md. 212	
III OCICA	ahock, or heart fallure. List	t only ona cause on el	ach line.	not entar tha	moda or dying, auc	n as cardiac or reap	ratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	Arais	>					Onset and Daath
	resulting in death) a	MCV	0.					
akelli,		OUE TO (DR AS A			· M			
TIFICATION	Sequentially list conditions, b	DUE TO (DR AS A	gare	gon	Tarcy.			
F	if any, laading to immediata cause. Enter UNDERLYING	50-11.	a a man /	11000	lima			
	CAUSE (Disease or injury	DUE TO OR AS A	- Pur	7.000	~~~			
	that initiated events resulting in death) LAST		T	J. J.				
CERTIFICATION	d							
AL C	PART II. Other aignificant conditions conditions	ontributing to death b	ut not reaulting	in the underl	ring cause given in	Part i. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS
DICAL						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
MED							M NO	OF DEATH?
. ME								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			ادر	PLACE DF OEATN (Ch	eck only one)		
SIC		OSPITAL:	etlant 3 D DO4	OTHER:				
<u>.</u>	27. MANNER OF DEATN	28e. OATE DF INJURY	28b. TI		ome 5 Residence	8 ☐ Other (Specify)  28d. DE\$CRIBE NOW II	HINDY COCHIDED	
	1 Natural 5 Pending	(Month, Day, Year)	10	JURY	WORK?	200. DESCRIBE NOW I	NJOHT OCCORED	
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, term			204 LOCATION (Or		10
ED E	4 Homicide datermined	building, atc. (Spec	effy)	actory, c	illes	28f. LOCATION (Street a City or Town, State)	and <b>number</b> or Hun	II Houte Number,
COMPLETED	29e. CERTIFIER					L		
E E	(Check only T CERTIFYING PHYSE AF							
Ö	2 MEOICAL EXAMINATE	in the basis of examination	and/or investigat	lon, in my opinio	i, death occured at the	time, date end place, en	d due to the caus	e(e) end manner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	/ N		-	29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)
8	7	100			D 226	52-	▶ 7/	13/53
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATN (ITEM 27) (Typ	e, Print)	- 200		- (	
	Subramanian Srir	nvas, M.D.	5601 Lo	ch Rave	n Blvd. Ba	altimore. N	4d. 2123	39
1.1	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNA						-
14	JUL 15 1993 🔑	ha Davidson-Ad	- THAT					

### FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR		CEF	TIFIC/	ATE O	F DEATH		REG. NO	).			
1. DECEDENT'S NAME (First, Middle, Lest)						2. D	ATE OF DEATH			3. TIME OF DEATH	
Marion	В	•		Puse	У	MC	ONTH C	, 199	YEAR	EST. 1:30	
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bir	rthday) IF (	JNDER 1 YEA	R IF UNDER 24 HRS.	_	July 9	, 199		PLACE (State or Foreign	
215 18 6449	1)XXM 2 □ F	70	YRS. MON			(M	onth, Day, Year)	1922	Country	ryland	
9a. FACILITY NAME (If not institution, give:						LOCATION OF OEATH			sc. COUNTY OF OEATH Anne Arundel		
Chesapeake Mano	nursing (	center			Arnold			Ann	e Arı	nuaeT	
10a. STATE 10b. COUNT		3	loc. CITY, TO	WN OR LO						10d. INSIDE CITY LIMITS?	
Maryland Ani	ne Arundel				Pas	ader	na			1 TES 2 XXNO	
8428 Maryland Re					10f. ZIP CODE 211	22		_		States	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT E FORCES? 1 1	YES 2 NO	0	13. WAS E	DECENDENT OF HISPA apacify Cuban, Mexic	NIC OR	IGIN? (Specify Ye	s or No-	14. RACE Black	- American Indian, White, alc.	
3 ₩ Widowed 4 Divorced	World Was	OR DATES			ES 2 NO Speci		110211, 010.7		Specif		
15. OECEDENT'S EOU (Specify only highest grade	CATION	16a. DECEC	DENT'S USU/	AL OCCUPA	ATION most of working		16b. KINO OF BU	SINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retir	red.)			_		_		
12		'l'ru	ick Me	chan:				cking	Com	pany	
17. FATHER'S NAME (First, Middle, Last) Wilmer	Ε.	P11	ısey		1	AME (Fin Clar	st, Middle, Maider	Surname)		Vane	
19a. INFORMANT'S NAME (Type/Print)				RESS (Street	et and Number or Rural			vri Stete 7ir	Codel	varie	
Wilmer Olson					and Rd.,				2112	22	
20a. METHOD OF DISPOSITION 1 To Burlai 2 Cremation 3 Rem	oval from State	20b. PLACE AND	DATEOFDIS	SPOSITION				CATION —	City or Tov	wn, State	
4 Donation 5 Other (Specify)		Meadow	ridge	Memo	orial Par		/12/93	Elk	ridge	e, MD	
21. SIGNATUBE OF FUNERAL SERVICE N	CENSEE				Cully Fund		L Homo	of Do	andor	22	
Stok D	Tolerm	nu-		320	04 Mounta:	in F	Rd., Pas	saden	a, MI	21122	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	- 0	AS A CONSEQUE	F	Region	ne of	The	Dese	e, 080		Onset and Dast	
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	n. Kenpa og TO (OR	AS A CONSEQUE	NCE OF):	Par	lure						
PART II. Other significant condition	s contributing to da	ath but not resu	liting in the	a underly	ing cause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
							1 TYES	1		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OF	26. HER:	PLACE OF DEATH (C/	heck only	r one)				
1 YES 2 NO	1   Inpatient 2   ER		DOA 4 C	Horsing H	ome 5 Residence	_					
1 Natorial 5 Pending	26a. DATE OF INJ (Month, Day, )		8b. TIME OF INJURY		NJURY AT WORK? YES 2 NO	26d. I	DESCRIBE HOW	NJURY OC	CUREO		
2 Accident investigation 3 Suicide s Could not be 4 Homicide determined	26s. PLACE OF IN building, atc.	JURY — At home, (Specify)	farm, street,				OCATION (Street dity or Town, State)		or Rural Ac	oute Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of my									and menner as stated,	
29b. ARMATURE AND TITLE OF CERTIFIES	19 C-V	1. CTR	Doc.	TW	29c. LICENSE NU	(6	84	<b>*</b>	7-1	(Month, Day, Year)	
C-V CTR (AC-	10 160	UCRA	(Type, Print)	con	27, 4 106	C	LRNB	422	LD 6	1 .	
"JUL" ("5 1993	THE STATE AND	STATE OF STA	4								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, I

H

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

				ICATE O			IEG. NO.			
1. DECEDENT'S HAME (First, Middle, Last	t)					2. DATE OF			3. TIME OF	DEATH
	Agnes	Mary	Pro	chaska		July	10,	1993	2:43	Λ
4. SOCIAL SECURITY HUMBER	5, SEX	6. AGE (In yrs.			IF UNDER 24 HRS.	7. DATE OF I			THPLACE (State	A
212-03-6246	1 M 2 XF			MONTHS DAYS		(Month, De	w. Ybar)	Co	untry)	
		85	YRS.			12/0	08/07	/ M	larylar	nd
9a. FACILITY HAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF	EATH		Bc. COUNTY O	F DEATH	
1804 Winford	Road	2123	9		Baltimo:	re		_		
RESIDENCE OF DECEDENT					- CL - C LINO					
10a. STATE 10b. COUN	ITY		10c, C/1	TY, TOWN OR LOC	ATION				10d. IHSIDE	CITY
Maryland					Roll:	timore			1 TY YES	
100. STREET AHD HUMBER					Of, ZIP CODE	CIMOLE	1	10- CITIZEN O	F WHAT COUNTI	
The state of the s										117
717 N. Cheste:						1205			USA	
11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. A	ARMED		ECENDENT OF HISPA specify Cuban, Mexic			or Ho— 14. R	ACE — American leck, White, etc.	Indian,
1 Never Married 2 Married		MAR OR DATES	Ano		S 2 THO Speci		n, wic.)		pecify:	
3 Widowed 4 Divorced					Λ				Whit	e
15, OECEDENT'S EC		16a. I	DECEDENT'S	USUAL OCCUPAT	ПОН	16b. KIH	D OF BUSI	HESS/IHDUSTR		
(Specify only highest grades)  Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done during rase retired.)	nost of working					
12	College (1-4 or 5		Cunos				1 - 1	1		
17. FATHER'S HAME (First, Middle, Last)			super	cvisor	1				Compar	IV
					18. MOTHER'S H					
Joseph	Prochas	ka				Julia	Μ.	Dob	rv	
19a. IHFORMANT'S HAME (Type/Print)			196. MAILIHO	ADDRESS (Street	and Number or Rural	Route Number, (	City or Town,	State, Zip Code)		
Mildred P. Ma:	rkowski	1	1804	Winfor	d Road	Ralt	imor	e MD	21239	
20a. METHOD OF DISPOSITION				OF DISPOSITION /		DATE		ATIOH — City of		
1 Buriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	movel from State	cemetery, c	cremetory or o	other place)	cy, Inc.	7/10			177	
	//2	- Meti	ro Ci				Ва	altimo	re, MI	)
21. SIGHATURE OF FUHERAL SERVICE I	LICENSER	a left		C TO C	and adoress of Fation S	ACILITY	06	E M S	T	
Coorne	E. MacNa	1.1.		OTE	lation :	octer	y 01	. Ma.,	THC.	
		DD		1200	Page 1 - and	- 1- D	7	D 1.	345 0	
	r complications the		death. Do	299	Frederi	ick Ro	ad or reapire	Balto		
ahock, or heart fallure	r complications the b. Liet only one ceu	it caused the	death. Do	not enter the m	Frederi	ick Ro	ad or reapire	Balto story arrest,	Appro	ximate al Betwe
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	r complications the	nt caused the cuse on each li	ne.	not enter the m	node of dylng, su	ick Ro	ad or reapire	Balto story arrest,	Appro	ximate al Betwe
ahock, or heart fallure IMMEDIATE CAUSE (Final	a. Liet only one cet	t caused the cuse on each lin	ne.	once onter the m	node of dylng, su	ick Ro	ad or reapire	Balto story arrest,	Appro	ximate al Betwe
ahock, or heart fallure IMMEDIATE CAUSE (Final disease or condition	a. Liet only one cet	nt caused the cuse on each li	ne.	once onter the m	node of dylng, su	ick Ro	ad or reapire	Balto atory arreat,	Appro	
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ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  After oscillate  PART II. Other significant condition  II. Other significant condition  II. Other significant condition  After oscillate  PART II. Other significant con	a. OUE TO b. DUE TO c. DUE TO d	at caused the cuse on each like the constant of the constant o	SEQUENCE O SEQUENCE O SEQUENCE O  A DOA  26b. Till IN	In the underly!    Compared to the property of	ng cause given in SKACO	heck only one)  6 Other (Sc 28d. DESCRI	of respire  a. WAS AN A PERFORM  YES 2 (  NO (Street an WM, State)  a) and mann  a) place, and	UTOPSY RED? HO  JURY OCCURED of Number or Rui	Approintery Onsee  24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	ea stated.
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition Affaire Scales  PART III. Other significant condition Affa	a. OUE TO b. DUE TO c. DUE TO d	at caused the cuse on each like the constant of the constant o	SEQUENCE O SEQUENCE O SEQUENCE O  A DOA  26b. Till IN	In the underly!    Compared to the property of	ng cause given in SKACAN  PLACE OF DEATH (Come 5 Te Residence NJURY AT YORK?  YES 2 HO  Ice  te and place, and du death occured at the	heck only one)  6 Other (Sc 28d. DESCRI 261. LOCATIC City or R a to the cause(s	of respire  a. WAS AN A PERFORM  YES 2 (  NO (Street an WM, State)  a) and mann  a) place, and	JURY OCCURED  JURY OCCURED  In the cause of	Approintery Onset  24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	sy Finding sy Finding no of Cause no of Cause as stated.
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  ALCO SCLEAN  PART II. Other significant condition  ALCO SCLEAN  25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO  27. MAHNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. OUE TO b. DUE TO c. DUE TO d	et caused the cuse on each like on each like on each like on each like of (OR AS A CONS) of (OR AS A C	SEQUENCE O SEQUENCE O SEQUENCE O  A Teaulting  DOA  26b. Till IN  home, farm,	In the underlying the street, factory, officed at the time, day on, in my opinion,	ng cause given in SKACAN  PLACE OF DEATH (Come 5 Te Residence NJURY AT YORK?  YES 2 HO  Ice  te and place, and du death occured at the	heck only one)  6 Other (Sc 28d. DESCRI	of respire  a. WAS AN A PERFORM  YES 2 (  NO (Street an WM, State)  a) and mann  a) place, and	JURY OCCURED  JURY OCCURED  In the cause of	Approintery Onsee  24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	ea stated.
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  ALLO SCILLA  PART II. Other significant condition  ALLO SCILLA  25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO  27. MAHNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  299. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  30. NAME AND ADDRESS OF PERSON W	B. Liet only one cet  a. OUE TO  b. DUE TO  c. DUE TO  d	et caused the cuse on each like on each like on each like on each like of (OR AS A CONS) of (OR AS A C	SEQUENCE O SEQUENCE O SEQUENCE O  Tresulting  Doa  26b. Till (N)  home, farm,  death occurr  or investigation	In the underlying the street, factory, officed at the time, day, on, in my opinion, a, Print)	ng cause given in SX ACCO	heck only one)  6 Other (Sc 28d. DESCRI	of respiration of res	JURY OCCURED  JURY OCCURED  de Number or Rui  ber as stated.  due to the caus  July  July	Approintery Onset  24b. WERE AUTOP AMALABLE PI COMPLETO OF DEATH? 1  YES 2	sy finding of cause o
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  ALLO SCILLA  PART II. Other significant condition  ALLO SCILLA  25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO  27. MAHNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  299. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  30. NAME AND ADDRESS OF PERSON W	a. OUE TO b. DUE TO c. DUE TO d	et caused the cuse on each like on each like on each like on each like of (OR AS A CONS) of (OR AS A C	SEQUENCE O SEQUENCE O SEQUENCE O  Tresulting  Doa  26b. Till (N)  home, farm,  death occurr  or investigation	In the underlying the street, factory, officed at the time, day, on, in my opinion, a, Print)	ng cause given in SX ACCO	heck only one)  6 Other (Sc 28d. DESCRI	of respiration of res	JURY OCCURED  JURY OCCURED  de Number or Rui  ber as stated.  due to the caus  July  July	Approintery Onset  24b. WERE AUTOP AMALABLE PI COMPLETO OF DEATH? 1  YES 2	sy finding of cause o

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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20 and 10 and Johnson & Johnson

1 -	STATE
_	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1 - STATE REGISTRAR		ICATE O			REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH DA	lV.	YEAR	3. TIME OF DEATH
1	WINETTA A. POTZ					7-12-93			M
	047 00 00-0	GE (In yrs. last birthday) 89	MONTHS DAYS		MIN.	7. DATE OF BIRTH (Month, Pay, Year) March 8, 1	904	8. BIRTHI Country Md .	PLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATI				UNTY OF DE	ATH
DIRECTOR	2511 Reckord Rd.		Fa	Llstor				Harf	ord
EC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO				1,		
급	Md. Harford				Falls	ton			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
AL	10e. STREET AND NUMBER			101. ZIP COD	E		10g. CI		HAT COUNTRY?
FUNERAL	2511 Reckord Rd	-		21	047		L	USA	
5	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 Y	R IN U.S. ARMED	13. WAS D	ECENDENT C	OF HISPANII	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
BY	3 🕅 Widowed 4 🗆 Divorced	R DATES	1 🗆 Y	ES 2XXNO	Specify:	,		Specify	
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. OECEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	SINESS/IN	DUSTRY	***************************************
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		work done during se retired.)	most of working	ng				
MP	12 yrs	House	wife			Hom	_		
	17. FATHER'S NAME (First, Middle, Last) Henry W. Aro			18. MOT		E (First, Middle, Maiden			
BE	19a, INFORMANT'S NAME (Type/Print)	105 MAII INC	ADDRESS /Share	t and Alumbu	Ann	1e oute Number, City or Town		olles	
임	M's Melba C. Luckhardt					allston, I			7
	20a, METHOD OF DISPOSITION  A(X) Burlal 2 Cremation 3 Removal from State	20b. PLACE AND DATE	OF DISPOSITION	Nama of					
	4 Donation 5 Other (Specify)	cencelery crematory of Cedar Hi	TT Ceme	tery :	7-13-	93 Bro	okly	Ritch	ie Hwy.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRE	SS OF FACI	LITY			neral Home
	▶ E. F. Lassahn		1175	0 Bel	air F	Rd.Kingsvi			
	23. PART I. Enter the diseases, or complications that ceus ahock, or heart failure. List only one cause or	sed the death. Do	not entar the r	noda of dy	ing, such	as cardiac or respi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	# /	60.7	1	1	_			Onset and Death
	resulting in death)	S A COMSEQUENCE O	near	ta	uu	re,			
_	- Fran	u Tour	no d	10	tion ,	10 Par 1-	-		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	S A CONSIDUENCE O		- un	y	Frence			
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	raciono	well	W	au	elese	à		
1	that initiated events resulting in death) LAST	S A CONSEQUENCE O	F);						
CE	_ a								-
DICAL	PART II. Other eignificant conditions contributing to death	but not resulting	in the underly	ng cause (	given in P	BIT I. 34s. WAS AN			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
90	typollypoides	w				1 [] YES 2	WIT They	1 2	COMPLETION OF CAUSE OF DEATH?
: ME	0 0					-8			T TER 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				Daniel Company				
PHYSICIAN	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inputlant 2 ER/O	but-retters a C DOS	OTHER:	PLACE OF D					
Η̈́Η	27. MANNER-OF DEATH 28s. DATE OF INJUR	Y 28b. TIM	E OF 28c. I	NJURY AT	- T	Other (Specify)  28d. OESCRIBE HOW IF	JURY OC	CURED	
ВУР	1 Natural 5 Pending (Month, Day, Year 2 Accident Investigation	r) IN.		VORK? YES 2		110000			
	3 Suicida 8 Could not be 28s. PLACE OF INJU	JRY — At home, farm,	street, factory, of	lica	- 1	28f. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Ro	oute Number,
COMPLETED	4   Homicide detarmined					ony or rount, dialoy			
AP.	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my kn	owledge, death occurr	ed at the time, de	ta and place,	and due to	the cause(a) and man	ner as sta	rted.	
8	2 MEDICAL EXAMINER: On the beals of examina	ition and/or investigation	n, in my opinion	death occur	red et the til	me, data and place, and	d due to t	he cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	(le	u, n	29c. LICE	NSE NUMB	ER - >	29d. OAT	E SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	7	mp	11/1	2 /3	)	P /	112	115
	Dr. Brian T. Yeo 801 S. Unic	/ /		Gnan	· M-	anuland (	020	0061	,
	31. DATE FILED (Month, Day, Year)	GNATURE C	IOT AG OF	orac	e, 1418	эт.Атапа (	333-	.0001	)
2	JUL 15 1993	optobl.							ľ

Marian Hayer States

93 20550

1 -	FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTN CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93	20550
1.0	ECEDENT'S NAME (First, Middle, Last)	Alie	)		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
4.5	114 - 24 - 6491A	5. SEX 6. AC		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	Count	NPLACE (State or Foreign
	FACILITY NAME (If not institution, give at	reet and number;	96	Bultimor		9c. COUNTY OF E	DEATN
DIREC	STATE 10b. COUNTY		10c. CPT's TO	OWN OR LOCATION  OF LOCATION  OF LOCATION	0,41		10d. INSIDE CITY LIMITS? 1 SES 2 NO
FUNERAL	1800 Seton	DRIVE		101. ZIP CODE	215	10g. CITIZEN OF	SA
¥ 32	MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF NISP If yee, specify Cuban, Maxi  1 YES 2 NO Specific Company No. 1	can, Puarlo Rican, atc.)	or No- 14. RAC Blac Spec	E - American Indian, k, White, etc.
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Short	done during most of working	166. KIND OF BUSH	NESS/INDUSTRY	rts
0	FATNER'S NAME (First, Middle, Last)	likens	3.107		NAME (First, Middle, Malden St		
PV	INFORMANT'S NAME (TYPE/PRIOR)	es	3202	President and Number or Aura	Al Route Number, City or Town,	State, Zip Code)	D 21216
60	METNOD OF DISPOSITION Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE AND DATE OF D ceptatery, brematory or line.	remorial Pt	7/19/98 K	TION - City or To	Stown, Mo
21.	SIGNATURE OF FUNERAL SERVICE LICE	ensee Oans		22. NAME AND ADDRESS OF	Wabash	+ Ave	,
IM die	PART I. Enter the disease, or cahock, or heart failure. I	List only one cause of	sed the death. Do not n each line.  S A CONSEQUENCE OF:	enter the mode of dying, et	uch as cardiac or respire	ntory arreat,	Approximate interval Batwee Onset and Daat
IFICATI	quantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events uiting in death) LAST		S A CONSEQUENCE OF):				
MEDICAL	RT II. Other algorificant conditions	a contributing to deat	h but not reaulting in t	ne underlying cause given i	in Part I. 24a. WAS AN A PERFORM	ED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C			
	MANNER OF DEATN  Manual 5 Pending Investigation	1 Inputient 2 ER/C 28a. DATE OF INJU! (Month, Day, Yea	RY 28b, TIME O		● 6 ☐ Other (Specify)  28d. DESCRIBE NOW IN.	JURY OCCURED	
	Accident Investigation Suicide 5 Could not be determined	28a. PLACE OF INJU building, etc. (S	JRY — At home, farm, stree Specify)	t, factory, office	281. LOCATION (Street an City or Town, State)	d Number or Rural	Route Number,
COMPLETED				the time, data and place, and do			s) and menner as stated.
296	SIGNATURE AND TITLE OF CERTIFIER	( 2		29c. LICENSE N		29d, DATE SIGNED	(Month, Day, Year)
	NAME AND ADDRESS OF PERSON WHO  SEF TIBE!  DATE FILED (Month, Day, Year)	MP 77	co Parl	c Heighte	Ave. Batt	imae /	BOSIZ OM
7	JUL 1 5 1993	32. REGISTRAR'S S	IGNATURE	4			

bital or attending physician. of for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 inours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Midd	MARIE L. ROTE	HSCHILD		2. DATE OF DEATH MONTHLY 10 AY 199	3. TIME OF DEATH 8;14 PM M
	4. SOCIAL SECURITY NUMBER 216-46-4054	1 □ M 2 □XF		UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH (Mooth, Dev. Vian) JUNE 5, 1903	8. BIRTHPLACE (State or Foreign MARYLAND
OR BO		HEIGHTS AVE. AP		CITY, TOWN OR LOCATION OF DE ALTIMORE	ATH 9c. COU	NTY OF DEATH
DIRECTOR	10a. STATE 10b.  MARYLAND	COUNTY	10c. CITY, TO	WIN OR LOCATION		10d. INSIDE CITY
FUNERAL (	10e. STREET AND NUMBER	S AVE, APT. 910		101. ZIP CODE 21215	1 1	1 ŽYES 2 NO IZEN OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 X10		IC ORIGIN? (Specify Yea or No	14. RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDEN (Specify only high) Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use ret	done during most of working	AT HOME	USTRY
BE CO	17. FATHER'S NAME (First, Middle, ABRAHAM	B. LOWENSTEIN			ME (First, Middle, Maiden Surname) E WIESENFELD	
2	19a. INFORMANT'S NAME (Type/Pro MR STANE)	ORD Z. ROTHSCHII	D, JR 3408	OLD COURT RD.	BALTIMORE, MD	Code) 21.208
	20a, METHOD OF DISPOSITION 1 [76] William 2 Greenation 3 4 Greenation 5 Greenation 5	Removal from State Co	b. PLACE AND DATE OF DI		0ATE 20c. LOCATION - 14-93 REISTERS	City or Town, Stata
	21. SIGNATURE OF PRINCIPAL SER	VICE LIGHT E			SON & BROS., II	NC. TIMORE, MD 21215
MILION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. OUE TO (OR AS	each line.	heart de i-farcto	iseau.	est, Approximata interval Batween Onset and Death
CERTIFICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):	anley as	RAM.	
MEDICAL	PART II. Other significant co	nditions contributing to death	but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 2000	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO	HOSPITAL:	ОТ	28. PLACE OF DEATH (Che		
	27. MANNER OF DEATH  1 Natural 5 Pendir		28b. TIME OF INJURY	Nursing Home 8 Residence 28c. INJURY AT WORK?  M 1 YES 2 NO	8 Other (Specify)  28d. OESCRIBE HOW INJURY OCC	CURED
LED BY	2 Accident Investi 3 Suicide 6 Could 4 Homicide determ	not be 28s. PLACE OF INJUR	Y — At home, farm, street		28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLEIED		3 PHYSICIAN: To the best of my know XAMINER: On the basis of examination				
u u	296. SIGNATURE AND TITLE OF C	4	$\overline{}$	29c. LICENSE NUM		E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print	CKEG BUE	1 Balts	4208
7	31. DATE FILED (Mgnth, Day, 1697)	12. REGISTRAR'S SIGN	NATURE	Wh		
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CORDS, P.O. BOX 68760,	as that the death cardificate he executed with
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F VITAL RECORDS, P.O. BOX 68760,	9000
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9000

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit per filled within 72 hours after death with the State Debt. of Health and Mental Hydiens prior to burial cremation, or namonal
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE	STATE OF MARY	YLAND /	DEPART	MENT OF	F HFALTH AND	MENTAL	HACIENE	9	3 20002
	REGISTRAR		CE	RTIFIC	ATE C	F DEATH	171617171	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATN DAY	YEAR	3. TIME OF DEATH
	HILDEGARD A. SOCIAL SECURITY NUMBER	ANNA		ERTSO			7	1.2	1993	1:34 P M
	212-60-1272	1 □ M 2 🔀 F	GE (In yrs. last	YRS.	NTHE DAY	B HOURS MIN.	01	F BIRTH Day, Year) 17 1928	Coun	NPLACE (State or Foreign try) ERMANY
~	9a. FACILITY NAME (If not institution, give si				a. CITY, TOY	VN OR LOCATION OF D	DEATN	9c.	COUNTY OF	
DIRECTOR	NORTH ARUNDEL HO RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		CIATI			BURNIE			ANNE	ARUNDEL
		ARUNDEL			LEN E	URNIE				10d. INSIDE CITY LIMITS? 1 YES 2 W NO
M	10e. STREET AND NUMBER					101. ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?
5	1217 LEONARD DRIV	/E				21060			GERMAN'	Y
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEL FORCES? 1 YE IF YES, GIVE WAR OF	S 2 N		I1 yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 X NO Speci	an, Puarto Ric	(Specify Yea or Notes)	o— 14, RAC Blac Spec	E — American Indian, ck, White, alc.
										WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	Do NOT use re	done during tired.)	ATION nost of working	16b. K	(IND OF BUSINES	S/INDUSTRY	
₹ I	12	NONE	HOM	1EMAKE	R			OWN HOME		<u> </u>
	17. FATHER'S NAME (First, Middle, Last)	ITDE				1		ddle, Maiden Surna	ime)	
B	GUSTAV ERNST SCHM  194. INFORMANT'S NAME (Type/Print)	IDT	First Control			BERTHA				
5	WARREN L. ROBERTS	ON, SR.	1			DRIVE G		JRNIE, M		50
	20s. METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ramo	oval from State	remetery cres	ND DATE OF I	nlacel	(Name of	OATE	20c. LOCATIO	ON — City or T	own, State
l	4 Donation 5 Other (Specify)		MARYL	AND VE	TERA	NS CEMETER	RY 199	CROWN	SVILLE	, MD
:	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	R	-	SING	LETON FUN COND AVE.	ERAL E	HOME		
	23. PART I. Enter the diseases, or o	complications that cause	sed the dec	eth. Do not	enter the	mode of dying, euc	ch as cerdis	C or respirator	v arrest.	Approximata
	iMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on	each ilne.	W//				or reapplication	y arrow,	Interval Between Onset and Death
	resulting in death)	DUE TO (OR AL	A GONSEO	UENCE OF):		1 .	0	100	1	
NO	Sequentially list conditions,	DUE TOUGH AS	A FU	UENCE OF):	a	verio a	Llen	Spe t	Kav	
CAT	if any, leading to immediate cause. Enter UNDERLYING	1.1					827	xare		İ
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	S A CONSEO	UENCE OF):						
CERTIFICATION	resulting in death) LAST	ı								
AL	PART II. Other algriticent conditions	s contributing to death	out not re	uting in t	he underi	ying ceuse given in	Part i. 2	4a. WAS AN AUTO PERFORMEO		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Ina Mu	X Pava	<u> </u>	Disc	an		•	YES 2 N		COMPLETION OF CAUSE OF DEATH?
WE		0								1 TYES 2 NO
ż										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		/   0		PLACE OF DEATH (C)	heck only one)		· · ·	
YSI	1 TYES 2 DANO	1   Inpetient 2   ER/O	ulpatient 3		THER: Nursing I	Iome 5 - Residence	6 Other (	Specify)		
	27. MANNER OF DEATH  1 Mitural 5 Pending	26a. DATE OF INJUR (Month, Day, Year	r)	28b. TIME O	-	INJURY AT WORK?  YES 2 NO	28d. DESCI	RIBE NOW INJUR	Y OCCURED	
BÁ	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJU	RY — Al hon	ne, farm, stree			281 LOCAT	ION (Street and No	umher or Burel	Boute Mumber
COMPLETED	4 Nomicide B Could not be determined	building, atc. (S)	pecify)				City or	Town, State)	most or noter	Hobie Number,
3	290. CERTIFIER (Check only	CIAN: To the best of my known	owledge, dea	th occurred a	t the time, o	late end place, and due	to the cause	(a) and menner a	a stated.	
S I		R: On the basis of examinat								e) and menner ea stated.
BEO	296. SIGNATUME AND TITLE OF CENTIFIER		1	MX		290 LICENSE NU	MBER	29d.	DATE SIGNED	(Month, Day, Year)
10 B	30, NAME AND ADDRESS OF PERSON WHO		- 1	10		110	26'	3	71	3 193

SETRAN 1940 W

32. BEGISTRAR'S SIGNATURE

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JWR

ITEMS: 23 PART I, 27, PER MEO G-701 7/27/93

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		FOR
1		STATE
	-	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

								DEATH		3. TIME OF DEAT
	1. DECEDENT'S NAME (First, Middle, Les	7					2. DATE OF MONTH	DAY	YEAR	
	ALMINAH			HMAN			7	10	1993	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	No.	F UNDER 1 YEAR		7. DATE OF 1 (Month, Da	SHTTH y, Year)	6. BII	TTHPLACE (State or Funtry)
	<del>-</del>	1 🗆 M 2 💢 F	0	YRS.			14-15	-93		ma.
	8e. FACILITY NAME (If not institution, giv			9	b. CITY, TOWN	OR LOCATION OF	DEATH	9c.	COUNTY O	F DEATH
СТОВ	LIBERTY M	LIBERTY MEDICAL CENTER BALTIMORE CITY								
5	RESIDENCE OF DECEDENT									
R	10e. STATE 10b. COU	414		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
□	Iria.				BAL	IIMOr	2			1 YES 2 🗆
ERAL	10e. STREET AND NUMBER					101. ZIP CODE	7	10g	. CITIZEN O	F WHAT COUNTRY?
草	2433 Madis	ON AV	e			2121	/		u.	SA
FUN	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AND	MED		ECENDENT OF HISP/ specify Cuban, Mexic			14, R	ACE — American Indi
BY	Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE W				ES 2 Spec		1, 416.7	S	pecify: A //
						-				Black
ETED	15. DECEDENT'S EI (Specify only highest gra		16a. DE:	CEDENT'S US	k done during i	TION most of working	16b. KJA	D OF BUSINES	S/INDUSTR	1
W	Elementary/Secondary (0-12)	College (1-4 or 5+	) life.							
MPL	0			1	vone					
00	17. FATHER'S NAME (First, Middle, Last)	0 1				16. MOTHER'S N	AME (First, Midd	e, Melden Sumai	me)	14
ш	Mikal	Kahmi	aN			MI	chelle	2 1	Uri	911
8 0	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING AI	DDRESS (Stree	et end Number or Rura	Route Number, (	City or Town, Stel	le, Zip Code)	
2	Which elle	Wright	2	4/33	mad	ISON AN	e BAI	Timore	March	2/2/7
3	20a METHOD OF DISPOSITION  1. Burlel 2 Cremation 3 Re	7	20b. PLACE A	AND DATE OF	DISPOSITION	Name of	DATE	20c. LOCATIO		
	125 Burlel 2 Cremation 3 Re	emoval from State	cemetery, cres	metory or other		P.P.	7-14-93	Pourla	11-Tan	w. md.
	21. SIONATURE OF FUNERAL SERVICE	LICENSEE		110		AND ADDRESS OF	ACILITY	Manua	41>10U	Street 2121
							1.38	N. G. Is	MOY	Street
	1////	1 6/2/1				A	0			- 1-/1
	23. PART I. Enter the diseases, o shock, or heart failur iMMEDIATE CAUSE (Final	r complications that e. List only one cause	caused the de se on each line	eth. Do not	Albe n	node of dying, su	14	MONYICA	CAN	Approxim interval B Onset and
	shock, or heart fallur	a. SUDOE	se on each lina	NT DE			ch as cardiac	MONYICA	CAN	Approxim interval B
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. SUDOE TO	N INFA	NT DE			ch as cardiac	MONYICA	CAN	Approxim interval B
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SUDOE TO	N INFAI	NT DE			ch as cardiac	MONYICA	CAN	Approxim interval B
FICATION	shock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. SUDOE DUE TO (	N INFA	N T D E QUENCE OF):			ch as cardiac	MONYICA	CAN	Approxim interval B
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician.

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

WHITE

21223.

OF DEATH? 1 YES 2 NO

Approximate

Interval Betwe

Onset and Death

REG. NO

2. DATE OF DEATH

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14 3 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5 SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UMDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAVE 1 M 2 F 213-09-1937 88 7-4-1905 use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOME BALTO. RESIDENCE OF DECEDENT 10a STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION MD. BALTO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 101 N. BOND ST 21231 U.S.A. certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vee or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compi page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) 11 GENERAL FOREMAN BETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY P. SMITH notified at LILLIAN BEEBE B 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY KEEHNER SOUTH GILMORE ST. BALTO, MD. 9 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE director, ZION CH. OF 7/16 CHRIST BALTO, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral HENRY W. JENKINS & SONS Villian 4905 YORK RD. BALTO, MD medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition\_ 6 traumatic event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 201 ans, an CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY shows any 1 TYES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL:
1 Dispatient 2 DER/Outpatient 3 DOA OTHER: 1 YES 2 THO e 5 🗆 Residence 8 🗆 Other (Specify) 4 🗆 Nun marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Β¥ 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 50 8 Could not be determined COMPLETED 4 Homicide 28 TO THE FUNERAL DIRECTO
be filed within 72 hours af
IMPORTANT: If Item 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c LICENSE NUM BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) hurc 31 DATE FILE 32. REGISTRAR'S SIGNATURE Davids

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

THE LONG !

1. DECEDENT'S NAME (First, Middle, Last)

HARRY E. SMITH

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

The state of the s

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH au age 20 AM 7. DATE OF BIRTH 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-22-5088A 1 🗆 M 2 💢 F 88 Md permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Medical DIRECTOR Northwest Center Balto Balto RESIDENCE OF DECEDENT Md STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Balto 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2330 Bryant Ave by the funeral director, page 5 should be detached for use as the burial-transit removal. 21217 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 [A] NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) 12th College (1-4 or 5+) Housewife notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Robert Amos Ethel Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Savage Jesse 2330 Bryant Ave Balto, Md 90 20s, METHOD OF DISPOSITION
1 \( \tilde{\text{\infty}} \) Burial 2 \( \text{\cond} \) Cremation 3 \( \text{\cond} \) R
4 \( \text{\cond} \) Donation 5 \( \text{\cond} \) Other (Specify) 206. PLACE AND DATE of DISPOSITION (Name of Came st examiner 21. SIGNATURE OF FUNERAL SETTING LICENSEE 22. NAME AND ADDRESS OF FACILITY F/H-West 4300 March Wabash Ave medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heart failure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death as been signed by the attending physician and completely file. Dept. of Health and Mental Hygiene prior to burial, cremation, 23 shows any Injury, or other traumatic event, the disease Dr condition executed within resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? More Hora 1 TES 2 NO beenier 1 TES 2 NO PHYSICIAN: The law has be Dept. 25. WAS CASE REFERRED TO MEDICAL After this gent as hadeath with the D 26. PLACE OF DEATH (Check only one) E HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 KNO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Matural
2 Accident 5 Pending Investigation e hospital dr attending py e funeral director: After thi d within 72 hours after death w 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 50 3 Suicide 281. LOCATION (Street and Number or Rural Floute Number City or Town, State) 5 Could not be COMPLETED 28 4 Homicide IMPORTANT: It Item 29a. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, de ed at the time, date and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, 표보 M 43 23 2 DEATH (ITEM 27) (Type, Print) M 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1 5 1993 a Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	0.0.112 0.1	CER	TIFICATE C	F DEATH	REG. N	0.					
1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH	DAY	3. TIME OF DEATH				
George	SACI	5501	Sava	ne ne			993 2330				
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bir			7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign				
218-03-0251	1 M 2 F	00	YRS. MONTHS DA	a HOURS MIN.	(Month, Day, Year)		Country)				
		182			12-10-	10	Viti				
Liberty Medic	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Liberty Medical Center  Baltimore										
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ	10	DC. CITY, TOWN OR LO	CATION			10d. INSIDE CITY				
ma.			BAIT	7,			LIMITS?				
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?				
3210 1100	dland	1 112		212	1-	2	1.				
11. MARITAL STATUS		ENT EVER IN U.S. ARMED	) 13 WAS	DECEMBENT OF HISPA	INIC ORIGIN? (Specify )	fon or No.	14. RACE - American Indian.				
1 Never Married 2 Married 3 Widowed 4 Divorced		1 YES 2 NO WAR OR DATES	If yes	, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Rican, atc.)	3 0 10	Black, White, etc.				
15. DECEDENT'S EDI	JCATION		ENT'S USUAL OCCUP		16b. KIND OF B	USINESS/INDU	JSTRY				
(Specify only bigbest grad	College (1-4 or	Min Do	and of work done during NOT use retired.)	most of working							
	CONTRACTOR OF	LAL	nr								
17. FATHER'S NAME (First, Middle, Last)			0,	46 MONIENIS	AME (First, Middle, Melde						
LA ALLA MA A	54.11			16. MUTHER'S N	AME (FIRST, Middle, Melde	on Surname)	/				
MARKISON	-ryh	96		130	55,C	usy	your				
19a. INFORMANT'S NAME (Type/Print)	1.	19b. M.	AILING ADDRESS (Str	et and Number or Rural	Route Number, City or R	own, State, Zip	Code) 2/2/7				
MARY Pu	llen	11	20 1	.32 n	451	0,11	W. md				
20e. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem	· · · ·	20b, PLACE AND	DATE OF DISPOSITION	(Neme of	DATE 20c. L	OCATION — C	City or Town, State				
1 Donation 6 Other (Specify)	novel from State	cemetery, cremeto	on or other place)	-,	7/ 1	M. dan	- 1				
21. SIGNATURE OF FUNERAL SERVICE L	OFNIDER	- 1111.6	-101 C	-07	116 10	11/10	·ma.				
21. SIGNATURE OF PUNERAL SERVICE L	CENSEE		ZZ. NAM	E AND ADDRESS OF #	ACILITY	,					
Betts L	unera	of Also	u 11:	29 N.C	MAPLE	ne :	54				
23. PART I. Enter the diseases, or	complications ti	hat caused the death	. Do not antar the	mode of dying, au-	ch as cardiac or res	piratory arre	et, Approximate				
ahock, or heart failure.	List only one c	euse on each line.					Interval Between				
iMMEDIATE CAUSE (Final disease or condition	1\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1		0		Onset and Da				
resulting in death)	· DIE	rioscho	Int Cost	Mascu	las 213	CODE	3				
	DUE 1	O (OR AS A CONSEQUE	NCE OF):								
Sequentially list conditions, if any, leading to immediate	DUE 1	O (OR AS A CONSEQUE	NCE OF):								
cause. Enter UNDERLYING											
CAUSE (Disease or injury	C. DUE 1	O (OR AS A CONSEQUE	NCE OF:								
that initiated avents resulting in death) LAST		(4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	.,,,								
	d										
PART ii. Other significant condition	na contributing	to death but not reas	iting in the under	ving cause given in	Part i 2/2 uno e	AN AUTOPSY	24h WEDE ALITOROV ENGIN				
	outling	- would not not light	y iii the unuari	hand comes diven in	PERF	ORMED?	24b. WERE AUTOPSY FINDIN AMAJLABLE PRIOR TO				
					1 TYES	2 NO	COMPLETION OF CAUS OF DEATH?				
					77		1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			-	L PLACE OF DEATH (C	hack only one!						
EXAMINER?	HOSPITAL:		OTHER:	FEROE OF DEATH (C	risux unity one)						
1X YES 2 NO		X ER/Outpatient 3 □ I		iome 6 🗆 Residence	6 Other (Specify)						
27. MANNER OF DEATH	28a. DATE ( (Month,	OF INJURY 26 Day, Year)	Bb. TIME OF 28c.	INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCC	URED				
1 Natural 6 Pending	15101	,		YES 2 NO	12. 11. 12.						
• 🗆 • • • • • • • • • • • • • • • • • •	28e, PLACE	OF INJURY — At home,	ferm, street, fectory.	office	261, LOCATION (Street	ot and Number	or Rural Route Number,				
4 Homicide 6 Could not be	bulldin	g, etc. (Specify)			City or Town, Sta-						
29a. CERTIFIER (Check only	SICIAN: To the best	of my knowledge, death	occurred at the time,	data and place, and du	e to the cause(s) and m	nanner as state	d.				
							cause(s) and menner as stated				
			, , , ,								
296. SIGNATURE AND TITLE OF CERTIFIE	3			29c. LICENSE NU	IMBER	29d, DATE	SIGNED (Month, Day, Year)				
1	MR -	71		0.C.	M E	1	7 10 1993				
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITEM 27	(Type, Print)	1 Value	Vin Pin		7 10 1993				
4				n-1	4 d m ====	N/ 7	3 21201				
Ann M. Dixon			enn Stre	et, Bal	timore,	Maryl	and 21201				
31. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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4	T th	ark
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TO I I HE HOSPITAL OF ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Debt, of Health and Mental Hydele enfor to having community.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Worlth, Pay. Year)

	ITEMS: 25,2	27,28a-f, PER	MEO FILM G-7	02 8/25/93	t.t/s.w			93 2055
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR		ALTH AND ME	ENTAL HYGIEN REG. NO	E	29 2000
	1. DECEDENT'S NAME (First, Middle, Lest) Clarence	W.		nchcomb		July 11,	1993	
	4. SOCIAL SECURITY NUMBER 215 01 2413	1 <b>X</b> XM 2 □ F	E (In yrs. lest birthday) 77 YRS.	MONTHS DAYS H	OURS MIN.	Month, Day, Year) arch 11,1		BIRTHPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (If not institution, give s  North Arundel Ho  RESIDENCE OF DECEDENT	,	er	96. CITY, TOWN OR I		Н	Balt	of DEATH imore
DIRECTOR	10a. STATE 10b. COUNT	ne Arundel	10c. CITY	TOWN OR LOCATION	Pasa	dena		10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	100. STREET AND NUMBER 2909 Crystal Pala	ice Lane		101, 21	21122			of what country? ed States
ВУ	11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		y Cuban, Maxican, I	ORIGIN? (Specify Yes Puarto Rican, etc.)	or No— 14.	RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DÉCEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of wi	ork done during most on retired.)	f working	16b. KIND OF BUS	ilroad	FRY
BE COM	17. FATHER'S NAME (First, Middle, Last) George	L.	Stinch	19	мотнен'з наме Bertha	(First, Middle, Maiden		Thomas
TO B	19a. INFORMANT'S NAME (Type/Print) Victory D. Stinch	ncomb	196. MAILING 17 Mc	ADDRESS (Street and a	Number or Aural Aou	to Number, City or Town	n, State, Zip Coo 21.1	
	20a. METHOD OF DISPOSITION 1 W Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	ob. PLACEAND DATEO remetery, cremetory or off Cedar Hill					or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Human	~	McCull:	y Funera ountain	ny 1 Home of Rd., Dasa	Pasad dena,	ena MD 21122
	23. PART I. Entar tha diseases, prosphere.	complications that cause or List only one cause or	sed the death. Do no each line.	ot entar tha moda	of dying, such a	s cardiac or respi	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		RESSIVE		METO AX	FAIL	ur RE	Onset and Death
NO	Sequantially list conditions,	. PNE	NONE A CONSEQUENCE OF					
CAT	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	that initiated events resulting in death) LAST	d. RACA	A CONSEQUENCE OF	द्भा ।	HP			
	PART II. Other significant condition	s contributing to death	but not resulting in	tha underlying ca	ause given in Pa	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL						1 YES 2	□ NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE	E OF DEATH (Check	only one)		
HYSI	1 XXYES 27. MANNER OF DEATH	1) Inpatient 2 ER/O	utpetient 3 DOA	4 - Nursing Home 5			1 H I I I I I I I I I I I I I I I I I I	
ВУ Р	Netural 5 Pending 2 X Accident Investigation	(Month, Day, Year 6-30-93		PM 1 YES	VV	OT OUT OF B		
8	3 Suicide 6 Could not be 4 Homicide detarmined	ouliding, atc. (5)	RY — At home, farm, stoccify)  OSPITAL	reet, tactory, offica		R. LOCATION (Street a City or Town, State)	NORTH AF	RUNDEL MEDICAL
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CONTROL OF CON	CIAN: To the best of my known to the best of axaminat	owiedge, death occurred	at the time, data and	place, and due to	the cause(a) and man	ner as stated,	use(a) and manner as stated.
H	290. SIGNATURE AND TITLE OF CENTIFIER	-ell		29	(8267	R	29d. DATE SK	INED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type I	Oriot)	/			1

	1 - FOR STATE (	F MARYLAND / D CEF	EPARTMENT OF H		MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF OEATH
	GORDON R. SIMA SR	/Gordon R	Russell Si	ima, Sr		YEAR 1993	0:45 P
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest bit		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	S. Bill	RTHPLACE (State or Foreign untry)
1 8	213-38-634₺ 1₺ 2□	1 //	YRS.	HOURS MIN.	12/24/19	915 I	IÄRYLAND
00	9a. FACILITY NAME (If not institution, give street end number			OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH
DIRECTOR	PERRY POINT VETERA	NS HOSPIT	CAL PERF	YVILLE			CECIL
l m	10a. STATE 10b. COUNTY	1	He. CITY, TOWN OR LOCA	TION		-	10d. INSIDE CITY
	MARYLAND Hart	ord	ABINGDO	N			1 YES 2 X NO
IAL I	10s. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	2932 CARLYLE COURT			21009			S.A.
E	1 Never Married 2 AMarried FORCES?	EDENT EYER IN U.S. ARME			NIC ORIGIN? (Specify Verint, Puerto Rican, etc.)	or No- 14. R	ACE — American Indian, lack, White, etc.
B	3 Wildowed 4 Divorced 7/21/	IVE WAR OR DATES	1/57 1 YES	2 NO Specif	y:	Sį	pecify:
	15. DECEDENT'S EDUCATION	16a, DECEI	DENT'S USUAL OCCUPATION	DN .	16b, KINO OF BU	SINESS/INDUSTR	White
Ē	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4		kind of work done during mo n NOT use retired.)				
COMPLETED	12		Letter C	Arrier	Post	Office	2
S	17. FATHER'S NAME (First, Middle, Last) HARRY SIMA				ME (First, Middle, Maiden	Sumame)	
BE				ANNA (			
2	190. INFORMANT'S NAME (Type/Print) MRS. MARIE SIMA		32 CARLYI	and Number or Rural	ROUTE Number, City or Tow	m, State, Zip Code)	ND 21009
	20a. METHOD OF DISPOSITION	205 81 405 440	DATE OF DISPOSITION (No.				
	1 Burlal 2 Cremation 3 Removal from Stat 4 Donation 5 Other (Specify)	Metro	Cremato:	TNC	7 1 1 0	CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE		22, NAME A	ND ADDRESS OF FA	CILITY		lle, Md
	Hilar	上. Stall	ingsCREMA	TION S	OCIETY OF	MD. I	INC.
	23. PART I. Enter tha diseases, or complications	that caused the death	Jr. 299 F	REDERIC	CK RD CAT	CONSVII	LE, MD 21228
	shock, or heart failure. List only one	cause on each line.	100,000,000	and a symmetry	as cardias of resp	natory arrest,	interval Between Onset and Death
	allowed an annual state of	tastatic	Prostate	Cancer			Olisat and Death
		E TO (OR AS A CONSEQUE		0011001			
Z	Sequentially list conditions, b.						
۱¥۱	if any, leading to immediata cause. Enter UNDERLYING	E TO (OR AS A CONSEQUE	INCE OF):				
윤	CAUSE (Disease or injury C.	E TO (OR AS A CONSEQUE	INCE OF:				
CERTIFICATION	resulting in death) LAST						İ
	DADY II Oak a de March and III						
동	PART ii. Other significant conditions contributing	g to death but not resu	uiting in the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR	MATTER	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC					1 YES 2	₩ NO	OF DEATH?
							1 TES 2 XNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?  1 YES 27 NO  1 X Inpatient	2 ER/Outpatient 3 🗆	OTHER:		8 Other (Specify)		
₹	27. MANNER OF DEATH 28s. DAT	E OF INJURY	8b. TIME OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	ui, Day, rear)		YES 2 NO			
	3 Suicide 8 Could not be 28e. PLA	CE OF INJURY — At home, ding, etc. (Specify)	farm, street, factory, offic	•	281. LOCATION (Street of City or Town, State)		al Route Number,
COMPLETED	4 Homicide determined						
17	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the be						
Š	One) 2 MEDICAL EXAMINER: On the besis	of examination end/or inve	stigation, in my opinion, d	leath occured at the	time, date and place, en	d due to the caus	e(s) and manner as stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	A		29c. LICENSE NUI			ED (Month, Day, Year)
0	Tanayala . The	Ima		D 3477	71	▶ 7/1	.0/93
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED			mare Dada	4 MD 0	7000	
		R., M.D.	VAMC Per	TA LOTI	nt, MD 2	1902	
10		Score-Andreas					
	0	Trypo-					DHMH-16 Rev 1/89

ASP

93 20559

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	FICATE	OF D	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) SAMUEL		SPRING	ER			2. DATE MONTI	OF DEATH DA	1995	3. 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 261–94–8483	1 🖾 M 2 🗆 F	AGE (In yrs. last birthda 50 YRS	MONTAGE	_	IF UNDER 24 HRS.	(Monti	OF BIRTH 5, Day, Year) 28-1942		Country)	Indies
TOR	98. FACILITY NAME (If not institution, give str SINAI HOSPITAL RESIDENCE OF DECEMENT					LOCATION OF DE LOCATION OF DE	ATH		9c. COUNTY	OF DEAT	Ή
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY New York	Kings	10c. (	CITY, TOWN OR	LOCATIO	Brool	clyn			100	d. INSIDE CITY LIMITS?  YES 2 NO
ERAL	10e. STREET AND NUMBER	ay Parkway			10f. Z	IP CODE	214				T COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IT IF YES, GIVE WAR	YES 2X NO	H 1	yes, speci	IDENT OF HISPAN ity Cuben, Mexica XNO Specify	n, Puerto I		or No — 14.	RACE — Black, V Specify:	American Indian, mita, etc. Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind life. Do NO	r's usual occ of work done du r use retired.)		of working	16b	RIND OF BUS		TRY	
200	17. FATHER'S NAME (First, Middle, Last)	ritz Sprin	ger		1	IS. MOTHER'S NA		Middle, Maiden S			
IO DE	190. INFORMANT'S NAME (Type/Print) Pearline Springer		19b. MAILI			Number or Rural I	Poute Numb	ber, City or Town	, State, Zip Co		H-14
	20e. METHOD OF DISPOSITION  1 (XBurlel 2 Cremation 3 Remo  4 Donation 5 Other (Specify)		20b. PLACE AND DA cemetery, crematory of ROSEMOUN	TE OF DISPOSIT	ION (Name	of	DAT	E 20c. LOC	CATION — Cify	or Town	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Marzulk	Rosemoun	22. N/	ME AND	ADDRESS OF FA	CILITY	Marzul:	lo Fun	eral	Service
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	A(c	oh	s1 U	rie				
MEDICAL	PART II. Other algorificant conditions	contributing to de	ath but not resultin	g in the und	erlying o	ceuse given in	Part I.	24a. WAS AN / PERFORI	MED?	Al. Ct	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLAC	CE OF DEATH (Ch	ock only on	oe)			
2	1 NES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 EF  28a. DATE OF INJ (Month, Day,	URY 286.	4 Nursir	8c. INJUR	5 Residence		(Specify)	JURY OCCUR	ED	
5	1 Natural 5 Pending Investigation	INJURY M		8 2 NO	28/ 100	ATION (Street o	nd Number or	Burnt Bour	n Number		
1	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Flural R City or Town, State)								, vonce,		
COMPLETE	27	AN: To the best of my B: On the basis of exam								ouse(s) s	nd menner as stated.
u II	296. SIGNATURE AND TITLE OF CERTIFIER	-10 D	a MAN		2						
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (	OF DEATH (ITEM 27) (7)	ype, Print)		O.C.N	1.E		07-	04-	1993
		SCKE, N	M 111		Str	reet, E	Balt	imore	, Mar	yla	nd 212
ן מ	296. LICENSE NUMBER  296. LICENSE NUMBER  0.C.M.E  296. LICENSE NUMBER  0.C.M.E  07-04-  30. NAMÉ AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  111 Penn Street, Baltimore, Maryla  31. DATE FILED (Month, Døy, Year)  32. REGISTRAR'S SIGNATURE							1993			

BALTIMORE, MARYLAND 21215-0020. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO TAGE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the foath. Page 6 may be retained by the hospital or attending physician.

TOTHE FLUXERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIE REG. N	-	3 20560
	1. DECEDENT'S NAME (First, Middle, Last)  Louise E	Elizabeth Se	nger			2. DATE OF DEATH MONTH July 12		3. TIME OF DEATN 6:50 A M
	4. SOCIAL SECURITY NUMBER 212-34-4782	1 □ M 2 🔀 F	87 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July 25,	1905	BIRTHPLACE (State or Foreign Country) Maryland
TOR	8a. FACILITY NAME (If not institution, give and Augsburg Lutherar RESIDENCE OF DECEDENT	,	•	Baltin		DEATH	Balt	imore
DIRECTOR	Maryland Balt	town or Locati				10d. INSIDE CITY LIMITS? 1 YES 2\( \sum_{\text{NO}} \) NO		
FUNERAL	100. STREET AND NUMBER 6811 Campfield Ro	oad			ZIP CODE 21207			ted States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, spe	endent of NISP city Cuban, Maxie 2 NO Spec	NIC ORIGIN? (Specify tean, Puerte Rican, etc.)	fee or No 14	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) Unknown		18a. DECEDENT'S US (Give kind of wor life. Do NOT use) Clerk	k done during mos			akery	TRY
BE CON	17. FATNER'S NAME (First, Middle, Lest) George J. Senger				Eliza	AME (First, Middle, Maid abeth Heff	erbert	
5	190. INFORMANT'S NAME (Type/Print) Augsburg Lutherar	1 Home				Route Number, City or T Baltimor	e, MD	21207
	20a. METHOD OF DISPOSITION  1 St Buriel 2 Cremetion 3 Ramo 4 Donation 8 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE LIC	oval from State Cen	netery, crematory or other arkwood Co	emetery		7/14 P	ocation — ch arkvill	
	23. PART I. Enter the diseases, or o	B Core	4	Loring 8728 I	liberty	Funeral D Road Ran	dallsto	wn, MD 21133
CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	o An	nond	bú		Interval Batween Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	s contributing to death b	out not resulting in	the underlying	cause given i	Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	theck only one)		
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation	1 Inpetient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCUP	RED
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica 28f. LOCATION (Street and Number or Rural City or Town, State)							Rural Route Number,
TO BE COMPLETED		21	ATIN (ITEM 27) (Type, P	In my opinion, de		e time, data and place,	and due to the c	ause(a) and manner as stated.  IGNED (Month, Day, Year)

DHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTI CERTIFIC			IENTAL HYGIENE REG. NO.	93	20561
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH
	WILLIAM F  4. SOCIAL SECURITY NUMBER		STAIGERWALD			07 11	93	4:20 PM
	217011468	5. SEX 6.		ONTHS DAYS	IF UNDER 24 HMS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give a	23		b. CITY, TOWN O	R LOCATION OF DEA	09-09-15	9c. COUNTY O	ARYLAND
DIRECTOR	VA MEDICAL CENTE			FORT I				TIMORE
EC	10e. STATE 10b. COUNT		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
		LTIMORE	B	ALTIMOR	RE			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	-		101.	ZIP CODE			OF WHAT COUNTRY?
N.	42A-1 BEECH DRIV	12. WAS DECEDENT E	VED IN 11 S ADMED	12 WAS DEC	21220	C ORIGIN? (Specify Yes o	USA	
	1 Never Married 2 Married	FORCES? 1 X	YES 2 NO	If yes, spe	city Cuban, Mexican, 2 NO Specify:	, Puerto Rican, etc.)		ACE — American Indian, lleck, White, etc. pecify:
) BY	3 Widowed 4 Divorced		WW II		A			WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	18e. DECEDENT'S US (Give kind of worn life. Do NOT use r	k done during mos		16b. KIND OF BUSIN	IESS/INDUSTR	Y
PE	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)				Jahaa II-		
OM	17. FATHER'S NAME (First, Middle, Last)		Carper	ICET.	18. MOTHER'S NAM	Johns Ho E (First, Middle, Maiden St		-
BE C	JOHN William		STAIGERWALD		MARY			SOR
5	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town,		
	CLINICAL RECORDS					T HOWARD, 1		
	20e. METHOD OF DISPOSITION  X ☑ Burlel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	20b. PLACE AND DATE OF cemetery, crematory or other			1	TION City o	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE (	Gardens of	22, NAME AN	D. ADDRESS OF FACE	4-93 Balt	ımore,	Maryland
	Lesselw Fu	seral )+	ome		Belair R	al Home d. Balto.,	Md. 2	1236
	23. PART/I. Enter the diseases, or ehock, or heert fellure.	complications that co	used the death. Do not					Approximate
	IMMEDIATE CAUSE (Finel disease or condition	. ADVANCE	D CHRONIC OP	STRUCTI	IVE PULMO	NARY DISEAS	SE	Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OF	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):					
MEDICAL	PART II. Other significent condition CORONARY ARTERY		eth but not resulting in	the underlying	ceuse given in P	PERFORM  1 YES 2 Q	ED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ck only one)		
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	5 - Residence S			
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJ (Month, Day,	URY 285 TIME C	F 28c. INJU	JRY AT	28d. DEŞCRIBE HOW INJ	URY OCCURE	)
B	2 Accident Investigation	28e PLACE OF IR	IJURY — Al home, lerm, stre		ES 2 NO	and Location (Co)		
COMPLETED	4 Homicide 6 Could not be detarmined	building, etc.	(Specify)	ot, ractory, office		281. LOCATION (Street and City or Town, State)	reumber or rus	rai Houte Number,
12	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my	knowledge, death occurred	et the lime, date	and place, and due to	the cause(s) and manne	r as stated	
NO N			ination and/or investigation,					ee(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	The same			29c. LICENSE NUME	DER :	Ped. DATE SIGN	NED (Month, Day, Year)
10 B		DADA			D3052	-8	▶ .7	11/93.
-	30. NAME AND ADDRESS OF PERSON WH						t	1
	DR. BALA DUGGIRA  31. DATE FILED (Month, Day, Year)	A, M.D.,	VA MEDICAL	CENTER	R, FORT H	OWARD, MARY	YLAND :	21052
			SIGHTAL UME					
	nn 15 1993 <i>s</i>	Mickey	Mandell					

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		is marked or liem 23 shows any injury or other traumatic event the medical eventues he mostly at the medical eventues.
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	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mark
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1 - STATE REGISTRAR		STATE OF MA	RYLAND / DEPART CERTIFIC				IYGIENE REG. NO.	
1. DECEDENT'S NAMI	H S	AWDS .	. AGF l/In yrs. last birthday)	IF UNDER 1 YEAR		2. DATE OF MONTH	DAY 5	YEAR 3. TIME OF OEATN
578 44	7105	. □ M 2 🗹 F		ONTHS DAYS	HOURS MIN.	A UMOnth, Di	199,1931	8. BIRTHPLACE (State ~ Foreign Country) hio
99. FACILITY NAME (I Hebrew	leme of	Greater	Washingto	n Ro	ckvil		9c. COUN	long poher
10a. STATE	10b. COUN	Mont	001	TOWN OR LOCAT	1/1-e			10d. INVIDE CITY LIMITS? 1 YES 2 \( \square\) NO
10. STREET AND NU	llong	trose	KA.	101	ZIP CODE	52	10g. CITIZ	ZEN OF WHAT COUNTRY?
3 Widowed 4		12. WAS DECEDENT E FORCES? 1	YES 2 NO	If yes, sp	ENDENT OF HISPA letty Cuben, Mexic 2 NO Speci	an, Puerto Ricer	pecify Yes or No n, etc.)	14. RACE American Indian, Black, This, etc.
(Spec	DECEDENT'S ED by only highest grad ary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S UI (Give kind of wo life. Do NOT use N/A	SUAL OCCUPATION for done during more tired.)	N st of working	7	ne	USTRY
2	halo	1 Sar	ide		18. MOTHER'S N.	AME (FIRST, MICHAEL	Unava	i1able
Marvin		*ârg=	19b. MAILING A 2815	Unive:	nd Number or Rural	Route Number, 0	W., Kell	cool) nsington 20
20a. METHOD OF DISI 1 Burial 2 Cre 4 Donation 5		noval from State	20b. PLACE AND DATE OF	DISPOSITION (Na Place) Heb:	ne of Cew Cen	oate netery	Washi	hty or Town, State ngton, D.C.
21. SIGNATURE OF EU	DOLL	CENSEE		1 - HIDE T - H	ADORESS OF FA S-Pear Falls		uneral !	Homes 22046
23. PART I. Enter to effock, immediate causi disease or conditions in death)	(Final	a. OUE 10 (OI	eused tha death. Do not on asch lina.	anter the mo	te of dying, suc	ch es cardiac	or respiratory arre	est, Approximata Interval Betwee Onset and Dea
Sequantially list of if any, leeding to it cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death)	nmediata RLYING Injury	с	R AS A CONSEQUENCE OF):					
DART II Other ele-	ophren	ne contributing to da	eath but not reculting in	the underlying	cause given in		PERFORMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1  YES 2  M
25. WAS CASE REFERENCE EXAMINER?  1 Yes 2 N  27. MANNER OF DEATH	ED TO MEDICAL				ACE OF OEATH (CI	neck only one)		
1 TYES 2 N		HOSPITAL: 1 Inpatient 2 I El 28e. OATE OF IN.	R/Outpatient 3 DOA 4		5 Residence		ecify) BE NOW INJURY OCCU	
1 Natural 2 Accident	Pending Investigation	(Month, Day,	Year) INJUR	M 1 Y	ES 2 NO	200. OESCHIE	SE NOW INJURY OCCU	UNED
4 Nomicide	Could not be determined	28e. PLACE OF III butiding, etc	NJURY — At home, farm, atra . (Specify)	et, factory, office		28f. LOCATIO	N (Street and Number own, State)	or Rural Route Number,
			knowledge, death occurred ination end/or investigation,					d, cause(s) and manner es stated.
29b-SIGNATURE AND					29c. LICENSE NU			SIGNED (Month, Day, Year)
30. NAME AND ADDRE	S OF PERSON WI	O COMPLETED PAISE	OF DEATH (ITEM 27) (Type, Pr		D 39	166	- /	13/43
AWIN S. 31. DATE FILED (Morth,	(NA)	4 RANG 1		MONTR	OSE RET	ROC	KVILLE,	MD 20852
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the control of the three particulars and	5 chould be	200	notified at
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IAN. The law	rtificate has	e State Dept	or item 23
DING PHYSIC	After this ce	death with th	marked,
I OR ATTEN	DIRECTOR	hours after	item 28 is
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the feath neithforte his creating within 38 hours offer fleath. Done 6 may be assisted to the control of the	TO THE PURENCE AND THE PURENCE AND THE PURENCE OF THE PURENCE AND THE PURENCE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	TE OF D	EATH	REG. NO.		
		Stein				2. DATE OF OEATH MONTH	YEAR 2	3. TIME OF DEATH
		M 2 VF 8	rs. last birthday) IF U		UNDER 24 HRS, JURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/07/05		THPLACE (State of Foreign
TOR	9a. FACILITY NAME (If not institution, give street and HOLY CASS RESIDENCE OF DECEDENT	DITA!	S.	VER	OCATION OF OEA		Monta	DEATH CLY
DIRECTOR	10a. STATE 10b. COUNTY  MONT	SOMER	10c. CITY, TO	WH DR LOCATION	Sp	Ring	9	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	314 IRWIN	St.		101. ZIP	2090	1	U	WHAT COUNTRY?
B≺	1 Never Married 2 Married FD	AS DECEDENT EVER IN U.S PRCES? 1 TYES 2 YES, GIVE WAR OR DATES	NO NO	13. WAS DECEND If yes, specify 1 — YES 2 5	Cuben, Mexican,	C ORIGIN? (Specify Yee of Puerto Rican, etc.)	Spe	CE — Americen Indian, ck, White, etc. pcty: JCasian
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade complete 1 2 Elementary/Secondary (0-12)	od) 16/ ge (1-4 or 5 +)	CGNe kind of work diffe. Do NOT use retir	rk done during most of working retired.)				Y
BE COA	17. FATHER'S NAME (First, Middle, Last) Harry Cohn			18	MOTHER'S NAM 7era R	E (First, Middle, Meiden S achmil	Surname)	
TO	19e. INFORMANT'S NAME (Type/Print) Roberta Schery		314 Irv	vin St.	umber or Aural Ad	ver Sprin	State, Zip Code) ng, Md	20901
	28a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	m State 20b.PL	ACE AND DATE OF DIS	ed Ceme	etery '		Washin	own, State gton, D.C.
	21. SIGNATURE OF FUNGRAL SERVICE LICENSEE	5			earson Is Chi	n Funeral		5
	intarval Be							Approximate interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CO					-	
CERTIF	that initiated events resulting in death) LAST	DUE TO (DR AS A CD	NSEDUENCE DF):					
EDICAL (	PART II. Other algnificant conditions contri	ributing to death but n	ot resulting in the	underlying cs	use given in P	ert i. 24a. WAS AN A PERFORM	IED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
2						_		OF DEATH? 1  YES 2  NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:			DF DEATH (Chec	k only one)		
PHYSICIAN:	1 YES 2 ND 1 NI	patient 2 - ER/Outpatier	# 3 DOA 4 D			Other (Specify)		
ВУ РР	1 Natural 5 Pending 2 Accident Investigation	6. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY	1 169		28d. OEŞCRIBE HOW IN.	JURY OCCURED	
ETED	4 Homicide datermined	building, etc. (Specify)				28f. LOCATION (Street end City or Town, State)		Route Number,
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data end place, end due to the cause(s) and menner as stated.  MEDICAL EXAMINER: Dn the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) end management.							s) end manner ea stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  The function of the fun	y MD		_ ^	LICENSE NUMB	8 8	29d. DATE SIGNE	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE & STOCKEN	15 Love		ROBE	le MD	DE JAG 20850	ER, n	10
	31. DATE FILED (Month, Day, Year)  32  31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNATUR	RE					

TO BE COMPLETED BY FUNERAL DIRECTOR

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N OF VITAL RECORDS, P.O. BOX 68760,	
OF VITAL	
DIVISION	

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FENDING	OR: After	S is me
L OR ATT	DIRECTI	item 2
HOSPITAL	FUNERAL	ANT: IF
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the he flad within 72 hours after death with the State Deri of Health and Mental Hiviere brior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND	/ DEPARTM	ENT OF	HEALTH	AND	MENTAL	HYGIENI
		ERTIFICA	ATE OI	F DEAT	TH		REG. NO.

IYGIENE	93	20564	
FO NO			

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL	HYGIENE REG. NO.	9	3 20	364
1. DECEDENT'S NAME (First, Middle, Last) Saul	SACKS				2. DATE O	F DEATH DAY	993 YE	3. TIME OF I	DEATH A M
4. SOCIAL SECURITY NUMBER  059075092  9a. FACILITY NAME (If not institution, give str	1 😾 M 2 🗀 F	74 YRS.		IF UNDER 24 HRS. HOURS MIN. LOCATION OF DE	Ja	an. 14	, 1 9 1 lc. COUNTY		or Foreign York
6929 Carmichae	1 Ave.		Bethes	da			Mon	tgomery	У
Maryland Mo	ntgomery		thesda	N				10d. INSIDE LIMITS? 1 YES	2
oo. STREET AND NUMBER 6929 Carmichae	1 Ave.			0817		1	Un 1	ted St	ates
1. MARITAL STATUS  Never Married 2X Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? V YES IF YES GIVE WAR OR DO	U.S. ARMED 2 NO ATES	If yes, spec	IDENT OF HISPAN Ify Cuban, Maxica NO Specify	n, Puerto Ri			RACE — American Black, Whita, etc. Sde@ya.S.1.a.1	
15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	ATION	16a. DECEDENT'S US	rk done during most retired.)	of working	- 1	ersona		d Lett	er
r. FATHER'S NAME (First, Middle, Last) Rubin Sacks			1	Chail	ME (First, M	iddle, Malden Sul i.shman	mame)		. 7
e. INFORMANT'S NAME (Type/Print) Eleanor Sacks		196. MAILING AI Same	odness (Street and addres:	Number or Rural	Route Number	er, City or Town, S	State, Zip Cod	(e)	
De, METHOD OF DISPOSITION  Disposition 3 Remote  Donation 5 Other (Specify)		PLACE AND DATE OF	id piste mo	orial (	Gens			or Town, State	Va.
SIGNATURE DEFUNERAL SERVICE (UC	ENGER.			ADDRESS OF FA		Funera Va.	2048	mes	
23. PART I. Enter the diseases, or canonic to the color of the color o	List only one cause on a		FO	or dying, suc	n as card	iac or respirat	tory arrest,	Intarv	eximate ral Between t and Deat
Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	of Lu						
PART II. Other eignificent condition	s contributing to deeth b	out not resulting in	the underlying	cause given in	Part I.	24a. WAS AN AL PERFORMI 1 YES 2	ED?	24b. WERE AUTON AWAILABLE P COMPLETION OF DEATH?	PRIOR TO N OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL/	CE OF DEATH (C)	heck only on	0)			
1   YES 2 A NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	4 Nursing Nome	RY AT		(Specify)	IURY OCCUR	ED	
X⊠ Natural 5 ☐ Pending Investigation	(Month, Day, Year)	INJUI	M 1 Y	K7 ES 2 NO					
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	r — At home, farm, str cffy)	reet, factory, office			ATION (Street and or Town, State)	d Number or F	Rural Route Number,	
(Crieck Orny	CIAN: To the best of my know							ause(a) and manne	r as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	_			29c. LICENSE NU			29d. DATE SI	GNED (Month, Day,	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	Print)						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE							

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permit. Pages 1, 2, 3 should use as the burial-transit executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. director, page 5 should be detached for notified at once. pe medical examiner must attending physician and completely filled in by the funeral or removal. cremation, or other traumatic event, the Hygiene prior to burial, certificate be law requires that the death After this certificate has been signed by the atterdeath with the State Dept. of Health and Mental 23 shows any Injury, Hem The OR ATTENDING PHYSICIAN: 6 marked, TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat IMPORTANT: It item 28 is m

FUNERAL DIRECTOR

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CERTIFICATION

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 20565 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Alfred lates 1993 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 214-16-85-82 1 M 2 - F 10/30/22 maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Deaton Speciality Hosp. + Home Baltimore Baltimore City 10d. INSIDE CITY YES 2 NO 10g. CITIZEN OF WHA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 15. DECEDENT'S EDUCATION (Specify only highest grade comp 18. MOTHER'S NAME (First, Middle, Meiden Surname) 20b. PLACE AND DATE OF DISPOSITION (Name of 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

When his . 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 Residence 6 Other (Specify) 4 M. N 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 3 Sulcide

28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 29s. CERTIFIER
(Check only one)

Approal at MINIST. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated one) 2 MEDICAL EXAMINER: On the basis of examination and/or WHO COMPLETED CAUSE OF DEATH DIEM 27) (TYPO PRINT)
RESHI, M.D. SOI-DOLPHIN St. BALTIMORE, Md. 21217. 32. BEGISTRAN'S SIGNATURE 1993 5

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HUPPING OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or a	TO THE FIREMACHIES IN THE TOTAL CONTINUES TO SECURE TO SECURE SECURE BY THE STREET OF THE FUNE TO THE		100.
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1	BA	be filed with the north that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If mem 28 is immined, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE	0F	MARYLAND /	/ DEPARTMENT	0F	<b>HEALTH</b>	AND	MENTAL	HYGIENE
		С	<b>ERTIFICATE</b>	0	F DEAT	TH		REG. NO.

	1 - STATE OF		) / DEPART					MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATN	η <sub>Ο</sub> Υ	EAR 3	3. TIME O		
	DOROTHY N  4. SOCIAL SECURITY NUMBER 5. SEX		TESTER				07 11				10:07			
	4. SOCIAL SECURITY NUMBER  4.08—30—9678  1 □ M 2 🔀 F	6. AGE (In yrs		MONTHE DAVE HOUSE AND (Morth, Day, Year) Country)					(Y)		reign			
-	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY,	TOWN 0	R LOCATIO	N OF DE	ATN		9c. COUNTY	OF D	EATN		
DIRECTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE							A	. A .	COU	YTV			
	Maryland Anne Aruno	undel Glen Bu				rnie	2			10d. INSID LIMIT 1 YES	87			
FUNERAL	910 Phylen Court				101.	ZIP CODE	210	061		10g. CITIZEI		VHAT COUN	TRY?	
BY FUN		NT EVER IN U.S.	ARMED	H	yes, spe		, Maxica	n, Puerlo	Y? (Specify Yes Rican, etc.)	or No — 14	RACE Black Speci	E — America k, White, etc //y: Whi		in,
<b>G</b>	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEOENT'S	SUAL OC	CUPATIO	N .		168	. KIND OF BUS	SINESS/INDUS	TRY	AATIT	UE	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	+)	(Give kind of we life. Do NOT use	retired.)		ress	7		Rest	aurant				
8	17. FATHER'S NAME (First, Middle, Last)			- V	valu		ER'S NAI	ME (First	Middle, Maiden					
BE C	Gene Dora	ın							curett	,	nr	V		
면 안	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO									_	_	
F	Donna Grenup		865 Lea	anne	Dri	ve ]	Humb	oldt	,Tenne	ssee 3	383	43		
	20a. METHOO OF DISPOSITION  1]  Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	cernetery.	ce and date of crematory or oth hland (	er place)	tion (Na	me of		0AT	15Gree	enfield			See	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			7		D ADDRES	S OF FAC	CILITY	arzul1					
	Michael & Margu			398	31Ca	rrol	lton	Roa	d Upp	erco, N	ar	yland	21	155
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one call IMMEDIATE CAUSE (Finel disease or condition resulting in death)	use on each i	ina.							ratory arrea	•	Intai		ite otween Death
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Death  Onset and Death  Oue TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the under the state of the s			the unc	derlylng	cause g	ven in	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b.	. WERE AUTO AVAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR OF C	AUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DE	ATH (Che	ck only or	ne)					
SIC	EXAMINER? HOSPITAL:  1 YES 2 NO 1 Inpetient 2 (	ER/Outpatient		OTHER	:	5 🗆 Res								
È	27. MANNER OF DEATH 28a. DATE OF	INJURY	26b. TIME	OF :	28c. INJU	JRY AT	-Control		CRIBE HOW IN	JURY OCCUR	ED			
M 1 YES 2 NO														
2 Accident investigation 3 Suicide 4 Homicide detarmined  28a. PLACE OF INJURY — At home, tarm, street, factory, office 4 Homicide detarmined  28a. PLACE OF INJURY — At home, tarm, street, factory, office 28f. LOCATION (Street and Numb City or Town, State)  28a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as st								28f. LOC City	ATION (Street as or Town, State)	nd Number or	Aurel R	loute Numbe	7.	
							nuna(a	) and magn		edad				
BEC	296. SIGNATURE AND TITLE OF CERTIFIER		BING			29c. LICE	ISE NUM			29d. DATE S				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU MAHESH S. OCHANEY, M.D.	SE OF OEATH (I	TEM 27) (Type, F	Print)	GHWA					MARY	LAN	-	061	
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	1 - STATE REGISTRAR	SIMIL OF F	CE	RTIF	ICATE	OF	DEAT	ANU I	MENIAL H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	MONTH DAY YEAR									3. TIME OF DEATH		
	EMMETT	erov			TAYLO	)R			12 3			93	12:01 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	V 70 Month Day 1 Carry Long Ame (Month Day Year)								Count	HPLACE (State or Foreign	
	215-03-6053	-03-6053							//1	5/19	ryland		
	9a. FACILITY NAME (If not institution, give st						R LOCATIO		EATH		9c. COUN		
5	NORTH ARUNDEL HO	RTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A.									. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY			
	Maryland Ann	e Arunde	1			Р	asad	ena					1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 240 Beachwood	Rd.				101.	ZIP CODE	211	22		10g. CITIZ	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARI YES 2 NAR OR DATES		l H	yea, spe	ENDENT O	F HISPAN n, Maxica Specify	IIC ORIGIN? (Sen, Puerto Ricar	pecify Yea o, atc.)	or No—	14. RACI Black Spec	E — American Indian, k, Whita, atc.  White
G	15. OECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	Ň		16b. KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5	Me.	Do NOT U	work done done done done done done done done		t of workin	g	0i	1 Tr	uck		
O	17. FATHER'S NAME (First, Middle, Lest)	_					18. MOTH	IER'S NA	ME (First, Middle	, Malden	Surname)		
BE C	William	J.	Taylor						stina			CSSE	211
10	19a. INFORMANT'S NAME (Type/Print)							or Rural F	Route Number, C	ity or Town	n, State, Zip	Code)	
	Richard L. Taylor	`		963 1	lt. H	arbo	ur	Pasa	adena,	Mary	/land	211	22
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ramo	oval from State	20b. PLACE A cemelery, crei	ND DATE	of Disposi	TION (Ner	ne of		DATE		CATION —		.,
	4 Donation 5 Other (Specify)	distr 1	- I Meti	ro Ur			INC.		/13/93	Ва	altim	ore,	Md.
	Hilary I Sta	illings			Cr	emat	ion	Soc:	iety of	Man	rylan	d	
	23. PART I. Enter the diseases, pr c	omplications the	t caused the de	eth. Do r	not anter	tha mod	ia of dyle	ng, suci	h as cerdiac	or respi	ratory em	ost,	21228 Approximata
	shock, pr heert failure. I	Hyp	when	n	Can	سك	١٧٠	م لم	len D	se	مما	_	Interval Between Onset and Death
-		od a	(OR AS A CONSEC	UENCE O	F):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
S	Cause. Enter UNDERLYING CAUSE (Disease or injury												
E I	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):								
<u>ا</u> ا		l											
	PART II. Other significant conditions	contributing to	daath but not re	aulting	In the und	darlying	ceuse g	iven in	Part I. 24a		AUTOPSY	24b	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									10	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WE									_				t   YES 2   NO
ž													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE DF DE	ATH (Che	ock only one)				
¥ I	1 VES 2 NO  27. MANNER OF DEATH	1 Inpatient 2. 28a. DATE OF		DOA 28b. TIM	4 - Nursi	ing Home		sidenca	8 Other (Spe				
	1 Netural 5 Pending	(Month, D	ey; Year)		URY	28c. INJU WOF		MO I	28d. DESCRIE	E HOW IF	JURY OCC	URED	
BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE O	F INJURY — At hor	ne, farm, o	street, facto				28f. LOCATIO	N (Street a	nd Number	or Rumil F	Brute Number
COMPLETED	4 Homicide determined	building,	atc. (Specify)						City or Tox				Taribor,
٦	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledne des	th occurr	ad at the tir	no deto	and place	and due	to the source(s)	and man		4	
Š													) and manner as stated,
ŭ	296. SIGNATURE AND TITLE OF CENTIFIES	1					29c. LICE		time, data and place, and due to the cause				(Month, Day, Year)
0	X	Jum					-	142			<b>&gt;</b> 2	1-12	-43
٥	30. NAME AND ADDRESS OF PERSON WHID JORGE PEREZ-ALA	RD, M.D.	SE OF DEATH (ITEM /3708 MC	UNTA	Print) IN R	DAD/				211	.22		
	31. DATE FILED (Month, Day, Year)								-				
)	nn 15 1993 8	fre Davido	R'S SIGNATURE	L									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. To hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or arrest	by the funeral director, page 5 should be detached for use as emoval.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be rotained by the hospital or amendation of the manual control of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an in while transformed permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH	
	MONTH DAY							1993	YEAR 0810 AM						
		SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthde						IF UNDER		7. DATE OF BI	RTH		e. BIRTH	BIRTHPLACE (State or Foreign	
	213-22-5610		1 🗌 M 2 🙀 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 2.		1926 Maryla		,	
	9e, FACILITY NAME (If not in		9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY C											
OR	3627 Lochea	Ba1	Baltimore Ba							ltimore					
5	RESIDENCE OF DEC	T 40. OIT	Y, TOWN (	D 1 004	101										
IRE	Maryland	10b. COUNTY	timore											10d. INSIDE CITY LIMITS?	
-	100. STREET AND NUMBER	Dal	LIMOTE			Balt	-	. ZIP COD	-			0.00	511.05.11	1 YES 2 NNO	
RA	3627 Lochea	en Desi	110								"				
FUNERAL DIRECTOR	11. MARITAL STATUS	III DII		T EVER IN U.S. A	BMED	13		12.07		NIC ORIGIN? (Sp	acifu Yan ac		S.A	- American Indian,	
	1 Never Married 2 🖔	Married	12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	YES 2X	NO		f yes, sp	2 X NO	m, Mexica	n, Puerto Rican,	etc.)		Black	, White, etc.	
ВУ	3 Widowed 4 Divo	reed	IF TES, OITE V	MN ON DATES			I L YES	2 17 NO	Specif	у:			Specif	White	
COMPLETED		EDENT'S EDU		16a. D	ECEDENT'S Give kind of a	USUAL O	CCUPATIO	ON at of worki	200	16b. KIND	OF BUSINE	ESS/INDL	JSTRY		
E I	Elementary/Secondary (0		College (1-4 or 5	+)	e. Do NOT us	e retired.}									
MP	12 Years			Re	gistr	ars	Offi						ns H	ospital	
8	17. FATHER'S NAME (First, M									ME (First, Middle,		neme)			
BE	Ben A. Bozma								_	Dryde					
9	Mr. C. Wilbs		1							Route Number, Cl					
		-							.ve	Baltime			2.12		
	20a METHOD OF DISPOSITI		oval from State	20b. PLACE	ematory or o	of DISPOS	ITION (No	me of	7		20c. LOCAT				
	4 Donation 5 Other 21. SIGNATURE OF FUNERIA		DENGEE	Loude	лі га.			D ADDRE		/13/93	ватт	1mo	re,	Maryland	
	1/2	15				L	orin	g By	ers	Funera.					
8728 Liberty Road Randallstow 23/PART I. Enter the diseases, or complications that coused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest,							own	, MD 21133							
CERTIFICATION	disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injusted initiated events resulting in deeth) LAS	diate ING Iry	DUE TO	OR AS A CONSI	EQUENCE OF	-1 C	Co	rona	nt'e	Hear	t Di	Sea	58	Immediate	
	PART II. Other algolitica	nt condition	d.	death but an		- 11	4.4.6					-			
MEDICAL	Day To a	tens		Geeth Dut NOt	reauting	iii ina Ur	idenyin	y cause	Aiseu IU		WAS AN AUT	D?	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
	TY			al R		1	1			_ 10	YES 2	NO		OF DEATH?	
45	MORTIC	anc		alN	egur	9110	ar)	in		_			10	1 NES 2 NO	
AN	25. WAS CASE REFERRED TO	SEM	<u>a</u>		_		00 00	105.05.5	E 4711 401						
ZS. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  THER:  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)															
¥	27. MANNER OF DEATH		28e. DATE OF		28b. TIM	Y	28c. INJ		esidence			IRY OCC	URED		
ВУ Р		Pending Investigation	(Month, D	INJ	ME OF 28c. INJURY AT JURY MORK? 1   YES 2   NO										
	3 Suicide 6 Homicide	street, factory, office  28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)													
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.														
BEC	29b. SIGNATURE AND TITLE	OF CERTIFIE	730	# "				29c. LIC	ENSE NUI	MBER 37	25	9d. DATE	SIONED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF	F PEASON WH	O COMPLETED CAU		EM 27) (Type	Print)		D				حال	LIY	14, 1773	
3.1	Henry I	30. NAME AND ADDRESS OF PEASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Henry I. Babit, M.D. 50 G Painters Mill Rd. Owings Mills, Md2117													
	31. DATE FILED (Maghin, Day, Mair)  32 DECISTRAR'S SIGNATURE  JUL 1 5 1993  Julia Davidson-Randon												1,4	115, 1710 21111	

			1 - STATE REGISTRAR	SIAIL OF I	MANIL	CE CE	RTIF	CAT	E OF	DEAT	ANU N	MENIAL	REG. NO					
			1. DECEDENT'S NAME (First, Middle, Last)							DEA		2. DATE O	F DEATH			3. TIME O	F DEATH	
			VELMA	F.		TI	RAVIS	3				JULY	8, 1	993	YEAR	11:50	P	
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. lest	birthday)		R 1 YEAR	IF UNDER		7. DATE OF	BIRTH		0. BIRTI	HPLACE (Sta	te or Foreign	
	,		217-22-3555	1 🗌 M 2 💢 F	8	3 5	YRS.	MONTHS	DAYS	HOURS	MIN.	July	3 . 1	908	Count	7/)	110	
1			Se. FACILITY NAME (If not institution, give	street and number)				9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE			_	NTY OF D	EATH		
( )		OR													v			
11		2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS															
C.	1	JI	Memorial Hospital & Medical Center Cumberland  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  WV Grant  Maysville												10d. INSIDE CITY LIMITS?			
		FUNERAL C	10e. STREET AND NUMBER	ranc			1/12	1 y S v		ZIP CODE			_	1 YES 2 XX N				
.9	5		HC 72, Box 97								333				.S.A		IIMT	
020 sphysician.			11. MARITAL STATUS	12. WAS DECEDEN	T EVER II	N U.S. ARN	/ED	13.	. WAS DEC			IC ORIGIN?	(Specify Yes			E — America	en Indian	
5-0020 nding physic			1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES	2 X NO	0		If yee, spe	ecify Cubin	n, Maxican	n, Puerto Ric	en, etc.)		Blac Spec	k, White, etc	2	
5-0 anding		ВУ	3 X Widowed 4 Divorced							75	opeany.					White		
121		COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		18e. DEC	EDENT'S	USUAL (	during mos	N st of workin	a	16b. K	IND OF BU	SINESS/INC	DUSTRY			
21 ital or	·	٣	Elementary/Secondary (0-12)	College (1-4 or 5	-)													
AND the hospit	Once.	M	17. FATHER'S NAME (First, Middle, Last)			Нс	omema	iker					Own					
LA at a	at ou	_	John Utt									WE (First, Mic		,				
MARYLAND 21215-0020 ** retained by the hospital or attending physician. S should be detached for use 3s the buriel from	pe	BE	19e. INFORMANT'S NAME (Type/Print)			104	MAHIMO	ADDRES	00.00		sthei		arder					
M M		5	Rev. Luther Travi	S		- 1			Box !			Noute Number						
BALTIMORE, I after death. Page 6 may be	2		20s. METHOD OF DISPOSITION		206		_		SITION/Na		Mays	DATE	_	CATION —	833	State		
BALTIMORE, er death. Page 6 may be the funeral director name	Hang.		1 🖟 Burial 2 🗆 Cremetion 3 🗆 Rem 4 🗆 Donation 6 🕽 Other (Specify)	oval from State	cen	netery, crem	natory or ot	her place			1 37 1	1, 19					1 77.7	
Page 1	je l		21. SIGHATURE OF FUNERAL SERVICE (	CENSEE	- 110	A BIRCUIS	VILLE	22	. NAME AN	D ADDRES	S OF FAC	YTIJIC			HSVI	rre,	WV	
AL. death.	examiner		Rotruck-Smith Funeral Home 85 South Main Street Keyser, WV 26726															
after after	removal.		23. PART I Emer the diseases, or	complications the	t causes	d the dee	th Don	8	5 Sou	ath N	lain	Stree	et K	eyse	r, W		726	
24 hours	or remove	7	snock, or-neart fellure.	Liat Dniy Dna cau	se on e	ach lina.	ith. Do ii	or ente	r the mor	Da OI OYI	ng, sucn	as cerdia	c or respi	retory an	rest,		roximata rvai Betwee	
24	0 P		iMMEDIATE CAUSE (Final disease or condition			/	21									Ons	et and Deat	
3760, steed within completely	I, cremation, event, the		resulting in death)	e	OR AS A	CONSEQU	UENCE OF	1.										
cecuted within					,	0	44									j		
X 68	prior to bunal, traumatic e	ERTIFICATION	Sequantielly list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEDUENCE OF):															
BOX ficate be e	prior tra	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	с														
O. I	other	田	that initieted events resulting in death) LAST	DUE TO	(OR AS A	CONSEO	UENCE OF	):										
eath certification	E &	H	d.															
S	th and Ments any Injury,	CC	PART ii. Other significent condition	s contributing to	deeth b	ut not re	suiting i	n the u	nderlying	cause g	iven in F	Part I. 2	4s. WAS AN	AUTOPSY	24b	. WERE AUTY	OPSY FINDINGS	
e - 6	h and	SICAL			10	bren	e.	6.1	la	e _			PERFOR			AMILABLE		
REC(requires	n 23 shows any	MED					7	64.1.				_   '	YES 2	NO		OF DEATH?		
L REC	3 sh											_			İ	1   163	Z   NO	
F VITAL SICIAN: The lan	te Dept	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			li,			26. PL	ACE OF DE	EATH (Che	ck only one)						
VIT AN: 1	or Item	S	1 YES 215 CNO	HOSPITAL:	ER/Outp	etient 3	DOA	OTHE		8 🗆 Res	sidence 8	a 🗌 Other (S	Specify)					
T 58 8	with the	F	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY		28b. TIME	OF	28c. INJU	PRY AT		28d. DESCE		NJURY OC	CURED			
N O N IG PHY		BY	1 Natural 5 Pending 2 Accident Investigation		,, ,,,,			М		ES 2	NO							
DIVISION OR ATTENDING P	O 00	0	3 Suicide 8 Could not be	28e. PLACE Of building,	F INJURY	— At hom	ne, term, s	reet, fac	tory, offica				ION (Street a Town, State)	nd Number	or Rural F	Route Numbe	ς.	
VIS	hours after Item 28	ETE	4 Homicide determined															
DIA IL OR		ᆲ	29e. CERTIFIER (Check only	CIAN: To the best of	my know	ledge, dest	th occurre	d at the	time, data	and place,	and due t	to the cause	(s) and man	iner as stat	led.			
THE HOSPITAL	within 72	COM		R: On the tiesis of el												) end menn	er ea stated.	
FE HO	be filed within	BEC	296. BIGNATURE AND TITLE OF CERTIFIE	1. /	/					29c. LICE	NSE NUMI	BER		29d. DAT	E SIGNED	(Month, Day	( Year)	
5 5	M P	8	J. Mer	1/						D 36	766			▶ J <sub>1</sub>	uly	11, 1	993	
	1	-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DE	ATH (ITEM	27) (Type,	Print)										
- 1	1		Dr. Vik Poonai. 9	55 Frede	rick	St.	. C	umbe	rlan	d, M	D 2	1502						
	1		31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGN	ATURE	- 30									-		
	1		JAL In 1920 4,	- Indian	1													



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cremation, the

burial, traumatic

retained by the hospital or attending physician,

after death. Page 6 may be

BALTIMORE, MARYLAND 21203-3146

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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 1 filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or remo
	표	THE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ROCKEFELLER WHITMAN July 993 P.M 2:10 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 213-24-0517 1 M 2 | F 68 YRS. 19, 1925 Jan. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Home - Calvary Road DIRECTOR Crisfield, MD Somerset RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Somerset Crisfield 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Calvary Road 21817 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, Whita, etc. 2 X NO If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 K Never Married 2 Married 1 TYES 2 NO YES, GIVE WAR OR DATES Specify: Specify: White ВY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
iffe. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra College (1-4 or 5+) Elementary/Secondary (0-12) General Work Handyman Unknown Unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert James Whitman Ethel Jane Fluehart 19a. INFORMANT'S NAME (Type/Print) (Designated 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Louis McCready -Caretaker) 27923 Phoenix Church Rd. Marion Station. MD 21838 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Removal from State Donation 5 Other (Specify) in state em Anatomy Board of Maryland Baltimore, MD r 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROnald 22. NAME AND ADDRESS OF FACILITY Wade, Dir. STATE ANATOMY BOARD Mero u 655 W. Baltimore St.- Baltimore, MD 21201 Robert H. Bradshaw 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, Approximate Intervel Between shock, or heert fellure. List only one cause on each line. **Onset and Death IMMEDIATE CAUSE (Finel** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 ₩ YES 2 | NO lent 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5℃ Residence 6 ☐ Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT 26d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 K Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED Item 28 4 Homicide determined 29a. CERTIFIER

//Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. (Check only one) MPORTANT: If 2 🥂 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29b. SIGNA RE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE aluss w D 10214 7/13/93 2

CAUSE OF DEATH (ITTM 27) Type, Print,

fortell !

32. REGISTRAR'S SIGNATURE

320 W. Main St.- Crisfield, MD

James A. Sterling, M.D. -

15 1993

rick field at position to recen people.

TO BE COMPLE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 showe-any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached for	TO THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for
r death. Page 6 may be retained by the hospital	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital in

REGISTRAN		CE	RITTICA	ALE OF	DEATH	REC	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  EMMIE	B.	WILL	Limm	S		2. DATE OF DE	ATN DAY	9 YEAR 3.	TIME OF DEATH  3:35 A M
4. SOCIAL SECURITY NUMBER 213 34 8434	5. SEX 6.	AGE (In yrs. lest		-	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 7/18/3	TH (bar)	8. BIRTNPLA Country)	CE (State or Foreign
	reet and number)		9b.	CITY, TOWN		DEATH		UNTY OF OEAT	
RESIDENCE OF DECEDENT						re			
Md.									I. INSIDE CITY LIMITS? X YES 2 \( \text{\subset}\) NO
3 Marothan Ct.				10		.228	10g. Cl	USA	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 N		13. WAS DEC	DENDENT OF HISP/ Hecity Cuban, Mexic 2 NO Spec	ANIC ORIGIN? (Specian, Puerto Rican, e	cify Yea or No— etc.)	Specify:	American Indian, hite, etc.
		(Giv	re kind of work d Do NOT use retir	ione during mo ed.)	ost of working	16b. KIND	OF BUSINESS/IN		
17. FATNER'S NAME (First, Middle, Last) Clarence Horne			-		18. MOTNER'S N Ansall	AME (First, Middle, I ina Horr	Maiden Surname)		<del></del>
	S	19b.	MAILING AODI 627 Ed	MONSO	n Ave.	Route Number, City Ba	or Town, State, Z	Md. 212	229
		20b. PLACE All cemetery, crem	ND DATE OF DIS	JS MEN	1. PK.	7/15			State
> Sutar A.	3~			- 200-00			ıni+v	1206 1	J Nowth A
23. PART I. Enter the diseases, or c shock, or haart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one cause	DNEY	ith. Do not e	ntar tha mo	RE	ch aa cardiac or	respiratory a	rreat,	Approximate Interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF	JD - S AS A CONSECU ABET	TAGE UENCE OF): ES	R	ENAL	DISE US	ASE		
PART II. Other algorificant conditions If Y PER TEN	SION	ath but not re	sulting in the	underlyin	g ceuse given in	Р	ERFORMEO?	AMA COI DF	RE AUTOPSY FINDINGS RLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatlant 3 [		HER:					
27. MANNER OF DEATH  1 Netural 5 Pending	26s. DATE OF IN.	JURY	28b. TIME OF	28c. INJ WC	URY AT			CCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF II building, etc	JURY — At hom . (Specify)	ne, term, street,			281, LOCATION ( City or Town,	Street and Number State)	er or Rural Route	Number,
									I menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU			TE SIGNEO (Mo	
Denick K.	Burn	0- V	n.D					7/12	193
Denick K.	COMPLETED CAUSE OF URNO	2 1		1.5.	22 S.	GREEN	E ST.	7/12. BALT.	193
	4. SOCIAL SECURITY NUMBER  213 34 8434  9a. FACILITY NAME (If not institution, give st.  University Hosp.  RESIDENCE OF DECEDENT  10a. STATE  Md.  10a. STREET AND NUMBER  3 Margthan Ct.  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specilly only highest grade (Specilly only highest grade)  Elementary/Secondery (0-12)  17. FATNER'S NAME (First, Middle, Last)  Clarence Horne  19a. INFORMANT'S NAME (Type/Print)  Angenette William  20a. METHOD OF DISPOSITION  11. Bignature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Funeral Service of Shock, gy haart faitura. It is signature of Shock of Sho	4. SOCIAL SECURITY NUMBER 213 34 8434  9a. FACILITY NAME (II not institution, give street and number) University Hosp.  RESIDENCE OF DECEDENT  10a. STATE Md.  10a. STATE Md.  10b. COUNTY Md.  11. MARITAL STATUS 1	1. DECEDENT'S NAME (First, Middle, Last)  EMME  4. SOCIAL SECURITY NUMBER  213 34 8434  9a. FACILITY NAME (In ort institution, give street and number)  University Hosp.  RESIDENCE OF DECEDENT  10a. STREET AND NUMBER  3 Marethan Ct.  11. MARITAL STATUS  1 General Porces  2 General Porces  3 General Porces  4 General Porces  2 General Porces  2 General Porces  2 General Porces  3 General Porces  4 General Porces  5 General Porces  5 General Porces  6 General Porces  6 General Porces  6 General Porces  6 General Porces  6 General Porces  6 General Porces  6 General Porces  6 General Porces  6 General Porces  6 General Porces  6 General Porces  7 General Porces  8 General Porces  9 General Porces  9 General Porces  9 General P	1. DECEDENT'S NAME (First, Middle, Last)  EMME  4. SOCIAL SECURITY NUMBER  213 34 8434  10 M 27 F  53 YRS.  See. FACILITY NAME (If not institution, give street and number)  University Hosp.  RESIDENCE OF DECEDENT  10e. STATE  10f. 10e. COUNTY  10e. STATE  10f. COUNTY  10f. COUNTY  10e. STATE  10f. COUNTY  1	1. DECEDENT'S NAME (First, Middle, Last)  B. WILLIMMS  4. SOCIAL SECURITY NAME (If not Institution, give street and number)  99. CITY, TOWN.  99. FACILITY NAME (If not Institution, give street and number)  University Hosp.  79. CITY, TOWN.  100. CITY, TOWN OR LOCA Baltimor  101. STATE 1 AND NUMBER  3 Margathan Ct.  11. MARITAL STATUS  1 Never Married  1 Never M	A. SOCIAL SECURITY NUMBER 213 34 8434  1.	### SPATE OF DEEDENT'S NAME (First, Models, Latt)  ### STATE OF DEEDENT'S NAME (First, Models)  ### STATE OF DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set School)  ### State Of DEEDENT'S USAGE (First Set	### B. WILLIAMS  4. SOCIAL SECURITY NUMBER  2.13 34 8434  1	LOCAL SECURITY PROMETS  4. SOCIAL SECURITY ROBBERS  4. SOCIAL SECURITY ROBBERS  4. SOCIAL SECURITY ROBBERS  5. SEX  5.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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4. SOCIAL SECURITY NUMSER 6. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

6 4 YES. MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH 217-20-3442 2-24-1929 1 - M 2 A F use as the burial-transit permit. Pages 1, 2, 3 should 1911 N. Payson Street Balt Timore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Baltimore Md FUNERAL 10e. STREET AND NUMSER 101. ZIP CODE 1911 N. Payson Street 21217 ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify, Cuben, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married
3 Wildowed 4 Divorced BY COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) P College (1-4 or 5+) detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) William Glispy Lucy 2 To funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 1961. MAILING ADDRESS (Street and Number or Paural Ploute Number, City or Town, State, Zip Code)
1911 N. Payson Street Baltimore, Francine C. Webster 9 20a. METHOD OF DISPOSITION
1 D. Burial 2 D. Cremation 3 D. Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Catosnville, Md DATE must como plyent more or of the rematory 7-16-93 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
March West Thomas impsin Jr 4300 Wabash filled in by the or removal. Avenue medical 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on such lins. IMMEDIATE CAUSE (Final cremation. event, the Atrial Fibrillation & Rigid Vent. Response disesse or condition resulting in death) signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematic executed within DUE TO (OR AS A CONSEQUENCE OF). traumatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury law requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 | YES 2 | NO ACTOM CION, After this certificate has been after the with the State Dept. of I PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The I TO THE FUNERAL ARECTLAR, After this certificate ha be filed within 77 mouse after beath with the State Of IMPORTANT: It lines of its marked, or Item 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Dipatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY mous the Beath with the 26b. TIME OF 26c. INJURY AT WORK? 26d, DESCRISE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcida 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 44060

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

/ 1993

Jennie

Mae

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Webster

93 20572

3. TIME OF DEATH

Md

10d. INSIDE CITY

14. RACE — American Indian, Black, White retc. Specify: B T a C K

1 YES 2 NO

Md 21217

Approximata Interval Betw

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO

1 TYES 2 T NO

OF DEATH?

29d. DATE SIGNED (Morth, Day, Year)

Mulis

COMPLETION OF CAUSE

Onset and Death

8. SIRTHPLACE (State or Foreign Country)

1993

Sc. COUNTY OF DEATH

U SA

10g, CITIZEN OF WHAT COUNTRY?

REG. NO.

2. DATE OF DEATH

**DHMH-16 Rev 1/89** 

200

12.12

93 20573

FOR STATE REGISTRAR

TOURS MICHAEL  WEISSERR  19 A 29-62-9627  SEA WEISSERR  219-42-9627  SEA WEISSERR  SEA W	EG. NO.	REG. NO.	DEATH	RTIFICATE O	CE		AR	REGISTR		
219-42-9627  WE PACKET HAME OF OR INSTRUCT. ON BOARD AND DEATH SECONDITION OF DEATH  RESIDENCE OF DECEMBER  WE ACCUST HAME OF OR INSTRUCT. ON BOARD AND DEATH  WE STATE  SOUTH OF DEATH  SECONDITION O	DAY YEAR	MONTH DAY YEAR	BERG)	BERG	WEIS	(LOU	MICHAEL	LOUIS	,	
THE STATE OF CHEEDERY  THE STATE TWO NUMBER  513 CATHEDRAL ST. #5  100, CITY, TOWN OR LOCATION  BALTIMORE  100, CITY, TOWN OR LOCATION  BALTIMORE  100, CITY, TOWN OR LOCATION  BALTIMORE  100, CITY, TOWN OR LOCATION  BALTIMORE  100, CITY, TOWN OR LOCATION  BALTIMORE  100, CITY, TOWN OR LOCATION  BALTIMORE  100, CITY, TOWN OR LOCATION	176, 1938 MARYLANI	DATE OF BIRTH (MONTAL DON'T MARK), 1938 MARK	IF UNDER 24 HRS. 7	MONTHS DAVE					1	
10. STREET AND NUMBERS   10. STREET AND NUMB	9c, COUNTY OF DEATH				um lie				E I	
SA STREET AND NUMBERS  513. CATHEDRAL ST. #5  11. MANTHAL STATUS  11. MANTHAL STATUS  12. WAS DECEMBENT OF HERNAL CHRONIC ORGAN? (Specify the or No. 14. RACE. Annex 15. Chronics? 1   YES 2 2 HO   Yes a people Cabon, Markon, Pursh Rices, Acc.)  12. WAS DECEMBENT OF HERNAL CHRONIC ORGAN? (Specify the or No. 14. RACE. Annex 15. Chronics? 1   YES 2 2 HO   Yes a people Cabon, Markon, Pursh Rices, Acc.)  13. WAS DECEMBENT STRUCTION.  14. MORE THE NAME (First, Middle, Lar)  15. MORE THE N	10d. INSII	1	ATION	10c. CITY, TOWN OR LOC	#5		10b. COUR	10a. STATE	IRECTO	
THE MARITAL STATUS    TO, WARD DECEMBERT SERVICED   TOPIC IN U.S. ANABED   TO, WARD DECEMBERT OF HISPANIC OFHIGHTY (Specify The or No.   16, RACE - Anaeth   17, WARD DECEMBERT SERVICED   TO STATUS   10, WARD DECEMBERT SERVICED   TO STATUS   10, WARD DECEMBERT SERVICED   TO STATUS   10, WARD DECEMBERT SERVICED   TO STATUS   10, WARD DECEMBERT SERVICED   TO STATUS   10, WARD DECEMBERT SERVICED   TO STATUS   10, WARD DECEMBERT SERVICED   TO STATUS   10, WARD DECEMBERT SERVICED   TO STATUS   TO ST	10g. CITIZEN OF WHAT COU	10g. CITIZEN OF WH	OI. ZIP CODE			т. #5	D NUMBER	10e. STREET AN	AL	
16. NECEPHY'S PUBLICATION (2006) or 10 pines growth conclined (2006) and the control of the co	s, etc.) Black, White, et Specify:	Puerto Rican, etc.) Black,	specify Cuban, Mexican, I	O If yes,	YES 2 N	12. WAS DECEDEN	ITUS	11. MARITAL ST/	FUN	
Demonstray/Secondary (9-12)   College (1-4 or 8 -)   TICKET TAKER   THEATER		16b. KIND OF BUSINESS/INDUSTRY	CEDENT'S USUAL OCCUPA	16a. DE		15. DECEDENT'S EL	3 Williams			
TETREN WISHS AND ATTHE   SOCIAL SERVICE   TESCHAPENTYPESS (Sinest and Number or Rural Route Number, City or Roun, Stein, Zip Code)	THEATER	THEATER		Do NOT use retired.)	life.			Elementary/5		
TOTAL SOCIAL SERVICE SOCIAL SERVICE CONSTRUCTIVE SOCIAL SERVICE CONSTRUCTIVE SOCIAL SERVICE CONSTRUCTIVE SOCIAL SERVICE CONSTRUCTIVE SOCIAL SERVICE CONSTRUCTIVE SOCIAL SERVICE	, Melden Surname) SKY	(First, Middle, Melden Surname) ROBOFSKY	16. MOTHER'S NAME MERTLE							
RTICHARD FRIEDLANDER  20. MENDO OF DISPOSITION  20. MENDO OF DISPOSITION  21. SIGNATURE OF CREMENTO A PREMOVED THOU SLITE  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in particular in the contributing in death)  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in particular in the cause or condition or resulting in death)  23. PART II. Other significant conditions as a consequence of presentating in death)  24. WAS CASE REFERRED TO MEDICAL EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  21. WAS CASE REFERRED TO MEDICAL EXAMINER?  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Chec	ity or Town, State, Zip Code)	te Number, City or Town, State, Zip Code)	t and Number or Rural Rou	MATHE POPRESS (Street	198 HEBREW MEGRIAL & SOCIAL SERVICE 1950CITETEME					
ABUTIMORE   Commetting   Removal from State   Commetty commetty commetty   Commetty						1500000	FDISPOSITION	20a. METHOD O		
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALITIMORE, M 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, into ahock, or heart failure. List only one cause on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  But TO (OR AS A CONSEQUENCE OF):  Due To (OR				netory or other place)	cemetery, cre	lemoval from State				
23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one ceuse on each line.    IMMEDIATE CAUSE (Final disease or condition resulting in desth)		& BROS., INC.	OL LEVINSON	SC	MAN	LICENSEE	F FUNERAL SERVICE	21. SIGNATURE		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   Inpetiant 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   DOA   4   Nursing Home 5   Residence 6   Describe How Injury Occured Work?  28a. DATE OF INJURY   28b. TIME OF INJURY WORK?  1   VES 2   NO  28a. PLACE OF INJURY - At home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number of Rural Rou				UENCE OF):	OR AS A CONSEC	b	to Immediata UNDERLYING use or Injury events	If any, leading cause. Enter CAUSE (Disease that initiated	RTIFICATION	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	PERFORMED? AWAILABLE	PERFORMED?	ng cause given in Pa	esuiting in the underlyi	death but not r	tions contributing to	r significent conditi	PART II. Othe	MEDICAL C	
27. MANNER OF DEATH  1 Netural 2 Accident 3 Suicide 4 Homicide 5 Could not be datermined  28s. DATE OF INJURY (Month, Dey, Year) 28s. TIME OF INJURY 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At	1 10	only one)	PLACE OF DEATH (Check				EFERRED TO MEDICAL		CIAN	
A collection   A co	**			DOA 4 Nursing He		1 Inpetient 2		YES 2	YSI	
3 Suicide 4 Homicide 5 Could not be datarmined  288. PLACE OF INJURY — At home, farm, street, factory, office 6 Homicide 6 Homicide 7 City or Town, State)  288. Could not be datarmined  288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  288. Could not be datarmined  288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  288. Could not be datarmined  288. Could not be datarmined  288. Could not be datarmined 289. Centrifier 289. Could not be datarmined 289. Could not be da	E HOW INJURY OCCURED	Bd. DESCRIBE HOW INJURY OCCURED	VORK? YES 2 NO	INJURY N	ry, Year)	(Month, L	5 Pending	Netural		
29s. CERTIFFIER (Check only   Check (Street and Number or Rural Route Numb wn, State)	Bf. LOCATION (Street and Number or Rural Ro. City or Town, State)	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D.		the councies and manner as stated					Company of the Compan		OMPLE	
(ALO (DEO (L))	29d. DATE SIGNED (Month, Di		death occured at the tin				AND TITLE OF CERTS	290. SUCRATURE	CON	
		ne, data and place, and due to the cause(s)			Λ	MA MA	and title or delye	///	W II	
31. DATE FILED (Morith, Day, Voar)  32. REGISTRAR'S SIGNATURE	▶7 13	ee, data and place, and due to the cause(s) and due to the cause(s) and DATE SIGNED (i	29c. LICENSE NUMBI	1 271 / Tana Bulan	OF DEATH OF	orke M	eior l	04	10 BE	

93 20574

1	1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE (	DAY		3. TIME OF DEATH	
	Dorothy  4. SOCIAL SECURITY NUMBER	Lacon Love	Wils			07		19		
-1	110 19 EO 2 A	5. SEX 6. AG	E (In yrs ylast birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	Day, Joyr)	0	BIRTHPLACE (State or Foreign Country)	2
-	9a. FACILITY NAME (If not institution, give		57	AL OUTY TOWN	OR LOCATION OF D	60-	18-0	Z	INNESOTA	_
œ						EATH	,	Dc. COUNTY	OF DEATH	
6	703 Baker Stre	eet .		Ball	imore					
DIRECTOR	10a. STATE 10b. COUN	TY	1	TOWN OR LOCA	TION	11	1/	3	10d. INSIDE CITY	
- 1	10e. STREET AND MOMBER	41	17/14	TIM	ose c	217	<i>y</i>		1 YES 2 NO	
FUNERAL	Thathakio	afrant		, 10	or. ZIP CODE	1	1	log. CITIZEN	OF WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S., ADMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	? (Specify Yes or	No- 14	RACE — American Indian.	_
12	1 Nover Merried 2 Married	FORCES? 1 YES	S 2 MNO	If you, n	pecify Suban, Mexic	an, Puarto R			Black, White, etc.	,
B 4	3 Widowed 4 Divorced		, ,		X				Hack	1
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S ( Give kind of w life. Do NOT use	ork done during m		16b.	KIND OF BUSINE	ESS/INDUST	TRY	
E	Elementary Turndery (0-12)	College (1-4 5+)	ina. Do NOT usi	төнгөй.)						
COMPI	THER'S NAME (First, Middle, Last)	1 4 11			18. MOTHER'S N	AME (First, M	liddle, Maiden Sur	mame)		_
BE C	KAIPH A. O	LINK			AMO	lip	IA,	oder	2017	
TO B	19 INFORMANT'S NAME (Type/Prof)	0	19b. MAILING	ADDRESS (Street	and Number or Run	Route Numb	City or Joyn, S	State, Zip Coo	de)	-
F	JARENCE A	okusok	17/2	WIND	ATh H	4.2	A Hoc	MD.	21217	
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Res	moval from State	06. PLACE AND DATE O	F DISPOSITION /A	lame of	DATE	20c. LOCAT	TION — City	or Town, Stata	
	4 Denation 5th Other (Specify)		IVIND A	7/	10N					
1		Townson.	11/0011	-	The second secon					_
1	21. SIGNATURE OF FUNERAL SERVICE	CENSEE	7770011	22. NAME A	AND ADDRESS OF F	CILITY	,0	11		
	21. SIGNATURE OF FUNERAL SERVICE L	arroll		172	210, No.	HA	he Ba	16.	ND2191	1
1	21. SIGNATURE OF FUNERAL SERVICE I	arroll	sed tha daath. Do n	172	210, No.	HA	LeBa lac or reapirate	Ho.	MDJ /9/ Approximate Interval Between	1
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final	complications that cause on	aach Ilna.	ot anter the m	210, No.	that card			Interval Between Onset and De	
	23. PART I. Enter the diseases, or shock, or heart fellure	complications that cause. List only one cause on	SCUBROT	ot antar the m	210, No.	that card			Interval Between Onset and De	
2	23. PART I. Enter the diseases, or shock, or heart fellure immediaTE CAUSE (Final disease or condition	complications that cause. List only one cause on	aach Ilna.	ot antar the m	210, No.	that card			Interval Between Onset and De	
lion	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. APTOROS  DUE TO (OR AS	SCUBROT	ot antar the mo	210, No.	that card			Interval Between Onset and De	
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1 -	FOR STATE REGISTRAR

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO.					
- 8	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA		S. TIME OF DEATH			
	Maude Marie Watt		7 1	2 9	3 6 1 4					
9	217-26-2136 1□ м 2 😾 🕫	GE (In yrs. last birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/29/19(		BIRTHPLACE (State or Foreign Country)  Maryland			
	Se. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY				
DIRECTOR	Northwest Hospital Center Randallstown Baltimo									
Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
	Maryland Baltimore		Randalls	town			LIMITS?			
¥	10o. STREET AND NUMBER		10	ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?			
剪	5412 Old Court Road			21133	3	Unit	ed States			
BY FUNERAL	11. MARITAL STATUS  1	ES 2 NO	If yes, ap		NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) ly:	or No- 14.	RACE — American Indian, Black, White, etc. Specify:			
						1	White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of life. Do NOT u	Work done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	TRY			
2	9th grade College (1-4 or 5+)	1000		Doorna		11				
M	17. FATHER'S NAME (First, Middle, Lest)	nouse	wire and		LOTIST FOR		Funeral Home			
	Price Howard					,				
BE	19a. INFORMANT'S NAME (Type/Print)	196. MAJUNO	ADDRESS (Street a		nerine Quin		del			
2	Mrs. Katherine Sollers				ve Baltim	,,	/			
- 1	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION (Na	ma of		_	or Town, State			
	Burial 2 Cremation 3 Removal from State	Druid Rid	ther place) ge Cemet	erv			lle, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AL	ID ADDRESS OF FA	CELITY					
	Demod B CON	ul _	Loring 8728 I	Byers F	uneral Dir koad Randa	ectors				
	23. PART / Enter the diseases, or complications that cau	ged the death. Do	not enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest	m, MD 21133			
	IMMEDIATE CAUSE (Final disease or condition)  a. Interval Betwee Onset and Dead O									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	IS A CONSEQUENCE O	V <sub>D</sub>	V						
١٢	PART II. Other significant conditions contributing to deat	h but not resulting	in the underlying	g cause given in	Part I. 24s. WAS AN		240. WERE AUTOPSY FINDINGS			
: MEDICAL		100000000000000000000000000000000000000			1   YES 2	C820 On a	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (K) NO			
NA!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. Pt	ACE OF DEATH (Ch	reck only one)					
S	1 ☐ VES 2 ☐ 040 HOSPITAL:	Outpatient 3 [] DOA	OTHER:	e 5 🗆 Residence	8 ☐ Other Glosofyl					
BY PHYSICIAN:	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Near)  28b. TIME OF Sec. INJURY AT WORK?  1 Nature S Pending  28c. DATE OF INJURY OCCURED INJURY AT WORK?									
	2 Accident Investigation 3 Suicide 8 Could not be determined Dulkling, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Then, State)  28f. LOCATION (Street and Mumber or Rure) Route A									
COMPLETED	29e. CERTIFIER (Check only one)  29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.  2  MEDICAL EXAMINER: On the baste of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner se stated.									
TO BE C	290. SIGNATURE AND TITLE OF CERTIFIER		M.D	29c. LICENSE NUI	MBER 7	29d. DATE SI	GNED (Morth, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	Non	the west	- VI	ish lento-			
1	31. DATE FILED (Month, Day, Year)  JUL I 5 1993  Juna Davidson	GNATURE PARA								

mansit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or an THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	L HYGIE			
		1. DECEDENT'S NAME (First, Middle, Last) HEN	RI WILLIAN		MONT		DAY Y	EAR	. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER			NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	- 10	-1993		P M ACE (State or Foreign
Ş	. 4	212-46-8104	1 □ M 2 🛣 F	83 YRS. MONT	HS DAYS	HOURS MIN.		th, Day, Yber) — 17—1		Country)	Virginia
3 should	œ	90. FACILITY NAME (If not institution, give Home, 143 W.	Lafayette	Avenue	Ba1	timore	DEATH		9c. COUNTY	OF DEAT	ГН
s 1, 2,	CTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT									
регтій. Pages	DIREC	Maryland  100. STREET AND NUMBER		10c. CITY, TO	VN OR LOCA	11716	Balt	imore	2		MALINSIDE CITY LIMITS?  YES 2 NO
	NERAL	143 W. Lafaye			10	f. ZIP CODE	21	217		· S ·	A .
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENDENT OF HISPA Hecity Cuban, Maxic is 2 A NO Speci	an, Puarto	N? (Specify Yo Rican, etc.)	ee or No— 14	RACE — Black, W Specify:	American Indian, White, etc.
E, WAKYLAND 2121  y be retained by the hospital or atte lage 5 should be detached for use a  be notified at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUA (Give kind of work di life. Do NOT use retin	one during mo	ON ost of working			USINESS/INOUS		to City 8
		Elementary/Secondary (0-12)	College (1-4 or 5+)	School		her			Lati		100
		17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First,	Middle, Malde	n Surname)		
	BE	Edwin Ande	rson Willia						11 Wi		ams
	2	Henry Fleming	, Jr.	19b. MAILING A00F							land 2121
		20a, METHOD OF DISPOSITION 1 (2) Burial 2 Cremation 3 Rem	20b	. PLACE ANO DATE OF DIS	POSITION /Na	ame of	OAT	F 20c. L	OCATION — CIN	or Town	State
IMO directs		4 Donation 5 Other (Specify) 21. SIGNATURE OF BUNERAL SERVICE LI	T	petery, cremetory or other planer of Rick	ge Ce	emetery	7/	14 Pi	kesvi	11e	, MD
BALTIMORE, after death. Page 6 may be by the funeral director, page noval. cal examiner must be		1	77	-	Burg	gee-Hen	iss ]				
BALTIMOR bours after death. Page 6 ma dd in by the funeral director, p or removal. medical examiner must	$\vdash$	23. PART I. Enter the diseases, pr	complications that caused	the death. Dp not ar		1 Falls					MD 21211
		shock, or head failure. iMMEDIATE CAUSE (Final	List only one cause on e	ach ilna.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , ,	,	Interval Between Onset and Death
760, ed within 24 ompletely filli il, cremation, event, the	J	disease or condition resulting in death)	e. Confess	CONSEQUENCE OF:	T FA	IZLLE					3 mos
6876( executed w and compl b burial, cn matic eve	_		OUE TO (OR AS A			20-1-1					144
× 5 5 5	TIO	Sequentially list conditions, if any, leading to immediate	104	CONSEQUENCE OF):	1						
Dhy phy	FICA	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	O4	CONSEQUENCE OF:	us (	刊任工)					12-165
0 - 5 - 5	CERTIFICATION	resulting in death) LAST	d								
the death y the attended Mental H	_ [	PART ii. Other algnificent condition	is contributing to deeth b	ut not resulting in the	underlying	g cause given in	Part I.	24a. WAS AI	N AUTOPSY	24b. WE	ERE AUTOPSY FINDINGS
ECORD  Juires that the signed by the Health and No. 100 No. 10	EDICA							PERFO	RMED?	CO	AILABLE PRIOR TO SMPLETION OF CAUSE DEATH?
AECOR  w requires that been signed b  t. of Health av  shows any	2								/ -		YES 2 NO
S b b	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C)	back only or	200		<u> </u>	
F VITA SICIAN: The certificate to the State I, or Item	Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		IER:	e 5 KRealdence					
G PHY:	ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO	-	_		INJURY OCCUR	EO	
TENDI TTENDI TTOR: A after da	ETED 8	3 Suicide a Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, street,	factory, office		281. LOC City	ATION (Street or Town, State	and Number or I	Rural Route	» Number,
4 7 2 E	COMPLI		CIAN: To the best of my knowl								
HOSPITAL FUNERAL WITHIN 72		296. SIGNATURE AND THE OF CERTIFIE	R: On the basis of examination	n and/or investigation, in r	ny opinion, d			and place, a			
TO THE HOSPIT TO THE FUNERA De filed within 7	BE	Call Did	went 5	m.3.		29c. LICENSE NU	MBER . 399			GNED (MO	onth, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WH Dr. Charles O	O COMPLETED CAUSE OF DEA		. Ch:	ase Str		Ra 1+			land
	0	31. DATE FILED (Month, Day, Year)	DOTTOVATI TI		- 0116	ANC DUL		2420	, 11	~ Y -	Land
	Y	JUL 1 5 1993 3	was Devideon-Plan	herm							

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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n and completely filled in by the funeral director, to burial, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Everette Whitaker 7-11-1993 A 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 212-05-7478 1 XM 2 F 89 YRS. 1-10-1904 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Home, 1310 W. 40th Street Baltimore USA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland \_\_\_\_\_ Baltimore 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1310 W. 40th Street 21211 USA 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, While, alc. FORCES? 1 YES 2 1 Never Married 2 X Married BY 1 YES 2 NO Specify Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Balto. Gas & Electric Elementary/Secondary (0-12) College (1-4 or 5+) Office worker unknown Overhead Department 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Thomas Whitaker Elizabeth Grimes notified at BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth Whitaker 1310 W. 40th Street (Wife) Baltimore, MD 21211 90 20a. METHOD OF DISPOSITION
1-X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State View Lake Memorial Pk 7/14 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY
Burgee-Henss Funeral Home Jucan 23. PART I. Enter the discharge, or complications that deused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart is lure. List only one cause on each line. spence 3631 Falls Rd Balto., MD 21211 Approximete Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition neumania day resulting in daath) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditione contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** Diavetes COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined ED 4 Homicide COMPLET CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) laur 30 9 M. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Richard Diamond 3730 Falls Road Baltimore, Maryland 21211 guis best tours -



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	OINIE OI II			CATE OF		MENTAL HYGIEN REG. NO		20578	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY YE	3. TIME OF DEATH	
	Robert	Walker					03 199			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8.6	NRTHPLACE (State or Foreign country)	
	235-15-8198	1 🖾 M 2 🗌 F	25	YRS.	MONTHS DAYS	HOURS MIN.	NOV . 26, 19	967	WEST VIRGINIA	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN (	OR LOCATION OF DI	ATH	9c. COUNTY	OF DEATN	
CTOR	University H	S.T.U.		Balt	imore	City	N	/A		
2	RESIDENCE OF DECEDENT	1		10c CITY	, TOWN OR LOCAT				10d. INSIDE CITY	
DIR				RTINSBUR				LIMITS?		
	W V DE KE	ŒLEY		MAI					1 YES 2XXNO	
FUNERAL		) D			101	I. ZIP CODE			OF WHAT COUNTRY?	
R	RT. 6, BOX 300 S					25401		US.		
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BY	3 Widowed 4 Divorced	IF YES, DIVE W	AR DR DATES		1 TYES	2 NO Specif	n, Puerto Rican, etc.)		Specify:	
ED 6	15. DECEDENT'S ED	HICATION	us pr	OF OFFICE	I CONTRACTO	-	Lan anno on ou		WHITE	
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LET	Elementary/Secondary (0-12)	College (1-4 or 5 -	-1		NT OPERA	TOR	W. HARI	EV MIL	LER CONST.	
COMP	17. FATHER'S NAME (First, Middle, Last)	1	1240		OI DIE				BER CONST.	
		LIAT VED	מי				ME (First, Middle, Maiden	Surname)		
BE	WILLIAM DOUGLAS	WALKER,		-			BUTTS			
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tov			
	MRS. LAURIE A.			RT. (	b, BOX 3	00 9D, M	ARTINSBURG			
	20s, METNOD OF DISPOSITION  ALX Surial 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  20c. LOCATION — City or Town, State									
	4 Donation 5 Other (Specify)		HEDGE	SVILI	LE CEMET	ERY	7.7 HEDG	ESVILLI	E, WV	
	21. SIGNATURE OF FUNERAL SERVICE L					ND ADDRESS OF FA		7 17 17 17 17	MO CO	
-	BROWN FUNERAL HOME, 327 W. KING ST. POBOX 821, MARTINSBURG, WV 25401  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate									
CERTIFICATION	ahock, or heart failure. List only one cause on each line.  Interval Bett Onset and It disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
C	PART II. Other algolificant condition	one contributing to	deeth but not r	esulting i	n the underlying	g ceuse given in	Part I. 24s. WAS AN	ALITOPRY	24b, WERE AUTOPSY FINDINGS	
N: MEDICA			PERFO	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \text{NO} \) NO					
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)			
4 3	1 X YES 2 NO	HOSPITAL: 1 Inpatient 2	XER/Outpatient 3	□ DOA	OTHER: 4 - Nursing Norm	ne 5 🗆 Rasidence	6 Other (Specify)			
SIC		R OF DEATH 288, DATE OF INJURY 285, TIME OF 286, IMMERY AT							0	
HYSIC	27. MANNER OF DEATH	28a. DATE OF	INJURY	Netural 5 Pending 0'7/03/1993 3:00 ZM 1 YES 2X NO						
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR					MENTAL	HYGIEN REG. NO			20012
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM M.	ANSALVISE	I						2. DATE ( MONTH	DF DEATH D		FAR	3. TIME OF DEATN
OR	4. SOCIAL SECURITY NUMBER 218-74-8900	5. SEX 1 [X] M 2 [] F	8. AGE (In yrs. le 72	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month) MAR(		8.	BIRTHP	E DE GRACE,
	9a. FACILITY NAME (If not institution, give s Meridian Nursing								EATH		9c. COUNTY Bal	of DE	
ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d, INSIDE CITY
E E	MARYLAND	BALTIMORE BAL'				IMORE					1 TYES 2 NO		
RAL	100. STREET AND NUMBER  1921 N. FOREST P	ADIZ ATTENTI	מו			101.	ZIP CODI				10g. CITIZEN OF WHAT COUNTRY?		
ONE	1921 N. FUREST F	12. WAS DECEDENT	EVER IN U.S. A				ENDENT C	F HISPAN		(Specify Ye	a or No- 14	. RACE -	- American Indian,
BY FUNERAL DIRECTOR	1 X Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1		Mo		If yes, spe 1  YES	2 NO	n, Mexica Specify	in, Puerto A y:	ican, etc.)			White, stc. WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(	ECEDENT'S	work done	CCUPATIO	N st of workin	g	16b.	KIND OF BU	ISINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12) 10TH GRADE	College (1-4 or 5+	)	6. DO NOT US GARDN					G	ARDEN	ING		
NO.	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	NER'S NA	ME (First, N	liddle, Maiden	Surname)		1000
BEC	WILLIAM J. ANSALV	ISH								GRIF			
2	19a. INFORMANT'S NAME (Type/Print)  MARGARET SORENSON	r									vn, State, Zip Co TTMODF		21207
	20a. METNOD OF DISPOSITION		20b. PLAC	E ANO OATI	E OF OISP	OSITION			OATI		CATION - CH	_	
	M Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)		of cemetar MT •	y, crematory OLIVE	T CE	METE	RY		07/	17 WA	SHINGT	ON,	D.C.
	21. SIGNATURE OF FUNERAL SERVICE DICENSEE  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, 4107Wilkens Ave, Balti						OME, Balti	INC.	MD	21229			
	23. PART I. Entar the diseases, or shock, or heart fellure.	complications that	caused tha c	leath. Do i	not antar	tha mo	da of dy	ing, auc	h aa card	lac Dr reap	olratory arres	t,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition reculting in death)  End Stage Canal Disease  End Stage							326		Onset and Death 5 4/5			
-8		DUE TO	OR AS A CONS	EQUENCE O		,/	Va	10.1	7	15.0			ca
NOI	Sequentielly list conditions, if any, leading to immediate	Sequentially list conditions,								2 2 2 2		0 7	
SA	cause. Entar UNDERLYING CAUSE (Disease or injury	c	174	Par	1	MS			-				do gri
CERTIFICATION	thet initiated events resulting in daeth) LAST	d.	OR AS A CONS	O C	ist.	40	ti	VE	pul	monery Disins 54rs			
SAL CI	PART ii. Other algnificant condition			heulting	in the w	nderlyin	g cauae,			24s. WAS AI	N AUTOPSY PRMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC		istory	0/	cong	157	TY	2 /	trd.	rt.	1 TYES	1/		COMPLETION OF CAUSE OF DEATH?
ME	DISIAS	1000	Ment	51	Ri	111	72	1	_				1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	10119	11/24/	=	100	26. PI	ACE OF E	EATH (Ch	heck only on	e)			-
SIC	1 YES 2 THO	HOSPITAL: 1   Inpatient 2	ER/Outpetient	3 DOA	4 D Nu	A: rsing Non	6 5 🗆 R	esidence	8 🗆 Othe	r (Specify)		0	D. 031
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D.	INJURY ay, Year)	28b. TIN	IE OF JURY		PRK?	-	28d. OES	CRIBE HOW	INJURY OCCU	RED	14.
ВУ	2 Accident Investigation				street, fac		YES 2 [	_ NO	28f. LOC	ATION (Street	and Number o	Rural R	oute Number.
TED	4 Nomicide 8 Could not be datarmined												
COMPLETED	CONSULT OFFIN	SICIAN: To the best of											and manner as stated.
	29b. SIGNATURE AND TITLES CERTIFIED.  29b. SIGNATURE AND TITLES CERTIFIED.  29c. LICENSE NUMBER  29d. DATE SIGNATURE AND TITLES CERTIFIED.												
O BE	ME!	2/20	elf (	MJ	)		7	)7	27	2	17	11	4193
10	Dr. W. E. McGrat		se of DEATH (IT Frederi			tons	vill	e, N	1D	21228			1 1
1	JUL 1 6 1993	32. REGISTRA	AR'S SIGNATURE	M.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
s that the death	ned by the atte	ith and Mental	any injury, o	
The law require	e has been sig	te Dept. of Hea	m 23 shows	
G PHYSICIAN:	er this certifical	th with the Sta	larked, or ite	
OR ATTENDIN	DIRECTOR: Aft	hours after dea	tem 28 is m	
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 I	IMPORTANT: If I	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	IT OF H	EALTH AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	SANTO C. ANALO	DF	Α	hal	ore.	MONTH	DAY 19	43	1042 "
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign
	715-03-2805	1 € M 2 □ F 75	YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year		Country)	ECDA
	Sa. FACILITY NAME (If not institution, give stre		9b. CI1	Y, TOWN (	OR LOCATION OF D	06-08-		TY OF DE	
E C	PENINSULA REGIONA				SBURY			COMI	
DIRECTOR	RESIDENCE OF DECEDENT								
H	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCAT	TION			1	IOd. INSIDE CITY
	DELAWARE KENT		DOVER						YES 2 NO
₹.	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	EN OF WH	IAT COUNTRY?
FUNERAL	RD 8 BOX 161				19901		USA	A	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARM FORCES7 12-YES 2 N	MED 13	If yes, sp	ENCENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, atc.)	Yes or No-	14. RACE - Black,	- American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			ZXNO Speci		Į.	Specify.	WHITE
	15. DECEDENT'S EDUCA	ATION 16a DEC	CEDENT'S USUAL	OCCUPATION	ON.	16h KIND OF	BUSINESS/INDI		WILLE
<b>E</b>	(Specify only highest grade c Elementary/Secondary (0-12)	completed) (Gh	ve kind of work done Do NOT use retired.	during mo	st of working	IOU. KIND OF	BOSINESS/INDI	USINI	
립			PENTER			GENER.	AL CON	VTRA	CTOR
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Mail	ten Sumame)		
ш	JOSEPH ANALOR	E			CAROL	INE IMM	ARDING	)	
10 B	19a, INFORMANT'S NAME (Type/Print)		MAILING ADDRES	S\$ (Street a	nd Number or Rural	Route Number, City or	Town, State, Zip	Code)	
F	LENA MESSINA A	NALORE (WIFE)	RD 8	BOX	161 DO	VER, DE	L. 199	901	
	20a. METHOD OF DISPOSITION 1 Description   Burlat   2 Cremation   3 Remove	20b. PLACE A	ND DATE OF DISPO	SITION (Ne	ma of	OATE 20c.	LOCATION — C	Offy or Town	n, Sista
	4 🖒 Donation 5 🗆 Other (Specify)	HOLY	CROSS	CEME	TERY 7	-10-199	3 DOVE	ER,	DEL.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	22	. NAME AN	O ADDRESS OF FA	CILITY			
	Thomas !	· Leader	_   1	RADE 2 LC	CK FUNE THIS ST	RAL HOM DOVER	E INC.	1 9	901
	23. PART i. Enter the diseases, or co	emplications that caused the dec	th. Do not ante						Approximate
	shock, or heart fallure. Li iMMEDIATE CAUSE (Finel	lat only one cause on each line.							interval Between Onset end Deeth
	disease or condition reaulting in death)	DUE TO (OR AS A CONSECU-	andioni	( do	Thy				MENS
	Todating in country . a.	DUE TO (OR AS A CONSEC	UENCE OF):						The state of the s
Z	Sequentially list conditions, b.	Gorongry	Arte	14	Diage	Me			yeur5
E	If any, leading to immediate	OUE TO (OR AS A CONSECU	UENCE OF):						
2	CAUSE (Disease or injury								
Ē	that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQU	UENCE UF):						
CERTIFICATION	d.								
	PART ii. Other algnificent conditions	contributing to death but not re	eaulting in the u	ndarlying	g cause given in		AN AUTOPSY		VERE AUTOPSY FINDINGS
5							2 NO	C	MAILABLE PRIOR TO COMPLETION DF CAUSE
핗Ⅱ									F DEATH?
ż						_			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	eck only one)			
YSI	1 YES 2 AO	1 inpatient 2 ER/Outpatient 3	DOA 4 N		a 5 🗆 Residence	6 Cher (Specify)			
F	27. MANNER OF DEATH  1 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ WO	URY AT RK?	28d. DESCRIBE HO	W INJURY OCC	URED	
B	2 Accident Investigation		M	L	rES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, street, fa	ctory, office	•	261. LOCATION (Streetly or Town, St.		or Rural Rou	ite Number,
Ш	and constitues								
COMPLETED		IAN: To the best of my knowledge, dear							
ō I	2 MEDICAL EXAMINER:	On the basis of examination and/or in	westigation, in my	opinion, d	eath occured at the	lime, data and place.	and due to the	cause(a) a	and manner as stated.
BE	280 SIGNATURE AND THICE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. OATE	SIGNED (A	fonth, Day, Year)
2	V99 00				1)36	, +03	1 7	-15	/93
	TO NAME AND ADDRESS OF PERSON WHO	COMPLETED GAUSE OF DEATH (ITEM	27) (Type, Print)	1	211.0	P12 721		11	2100
	Jeffrey E	ther Ton, V	ni),	Pr	zmc,	SALISB	uny,	me.	21801
	JUL 16 1993	32. REGISTRAR'S SIGNATURE	,		(				

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Last)  Elizabeth										
Flizaboth					2. DATE	OF DEATH		YEAR	3. TIME OF DEAT	Н
		Armolt			07	1.3	3 199	93.	8:10	P
4. SOCIAL SECURITY NUMBER 160-20-2646			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month.	OF BIRTH ( Day, Year) 4, 19		Country	PLACE (State or Fo	
9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DI			Sc. COUNT			
RESIDENCE OF DECEDENT	vav AT		Balt	timore (	rity					
10e. STATE 10b. COUNTY		19c. CITY.	TOWN OR LOC		1				10d. INSIDE CITY	
Maryland			timore						LIMITS?	
201 N. Broadway 4	1L		1	21223					States	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIYE WAR OR	8 2 X NO	If yes, a	CENDENT OF HISPAI peelify Cuben, Maxica 8 2 X NO Specif	an, Puerto R		or No- 1	4. RACE Bleck Specif	- American India, White, etc. White	in,
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b.	KIND OF BUSI	NESS/INDUS			
Elementary/Secondary (0-12)	College (1-4 or 8+)	Homemake	ork done during in retired.) P	lost or working		Own Ho	me			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M	fiddle, Meiden Si	umame)			_
Herman Eli Colvin	1			Hallie	Male	е				
19e. INFORMANT'S NAME (Type/Print)				and Number or Rural						
Hallie F. Maynard	i	7771 0	verhill	Rd., G1	en Bu	rnie,	Mary1	and	21061	
20e. METHOD OF DISPOSITION 1 🖾 Burlal 2 🗆 Cremation 3 🗆 Rem		0b. PLACE AND DATE Of emetery, cremetory or oth	er place)		DATE		ATION — CI			
H. SIGNATURE OF FUNERAL SERVICE LIC		Crest Law	n Mem.	Gardens		-93 Ma	rriot	ttes	sville,	MI
ar sometime of comment source for	CENSEE			Ley-Ruddi		ineral	Home			
NO MON	LLL			rain Hwy				rnie	MD 21	06
	DUE TO (OR AS	A CONSEQUENCE OF								
If any, leading to immediate	cDUE TO (OR AS	A CONSEDUENCE OF)	*							
ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS	A CONSEDUENCE OF)	:							
If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d			ng cause given in	Part I.	24a. WAS AN A PERFORM	ED?	246.	WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF C OF DEATH?	TO
If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d			ng cause given in	Part I.	PERFORM 1 TES 2	NO		AMILABLE PRIOR	TO
If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me	d		ths underlyle			PERFORM 1 Tes 26	NO		AMILABLE PRIOR COMPLETION OF C OF DEATH?	TO
If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me	d	but not resulting in	ths underlyle	PLACE OF DEATH (Ch	heck only on	PERFORM 1   YES 2   Inqu:	NO		AMILABLE PRIOR COMPLETION OF C OF DEATH?	TO
If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1% Was 2 \( \text{ I NO } \)	dne contributing to death clitus  HOSPITAL: 1   Inpetient 2   ER/Or	but not resulting in	26. I	PLACE OF DEATH (Ch	heck only on	PERFORM 1   YES 2   Inqu:	iry		AMILABLE PRIOR COMPLETION OF C OF DEATH?	TO
If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me  22. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	dns contributing to death	but not resulting in	26. I	PLACE OF DEATH (Ch	heck only on	PERFORM  1   YES 2    Inqu.	iry		AMILABLE PRIOR COMPLETION OF C OF DEATH?	TO
If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X 1/428 2  NO  27. MANNER OF DEATH	d	but not resulting in  utpetient 3 □ DOA  Y  20b. TIME INJU	26.1 OTHER: 4   Nursing Ho OF 28c. If WY M 1	PLACE OF DEATH (Ch me XX Residence IJURY AT ORK? YES 2 NO	s Other	PERFORM  1   YES 2    Inqu.	iry	RED	ARALABLE PRIOR COMPLETION OF CO	TO
If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d	utpetient 3 DOA  Y 29b. TIME INJU	26.1 OTHER: 4 Nursing Ho OF 28c. In RY M 1 1	PLACE OF DEATH (Ch. The EXTRABILITY AT TORK? YES 2 NO	8 Other 28d. DES	PERFORM  1 VES 2 (  In qu.  e)  r (Specify)  CRIBE HOW IN.  ATIDN (Street en or Town, State)	iry JURY OCCU	RED	ARALABLE PRIOR COMPLETION OF CO	TO
If any, leading to immediate couse. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me  2e. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d.  ns contributing to death	utpetient 3 DOA  Y 29b. TIME INJU  RY — At home, farm, st pecify)	26.1 OTHER: 4   Nursing Ho OF   26c. In RRY M   1	PLACE OF DEATH (Ch me & Residence UNIV AT ORK? YES 2 NO	s Other 28d. DES 28f. LOC/City o	PERFORM  1 VES 2 ( In qu  e)  r (Specify)  CRIBE HOW IN.  ATIDN (Street en or Town, State)	iry Jury occu	RED  Repaired A	AMALABLE PRIOR COMPLETION OF C	TO
If any, leading to immediate couse. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d	utpetient 3 DOA  Y 29b. TIME INJU  RY — At home, farm, st pecify)	26.1 OTHER: 4   Nursing Ho OF   26c. In RRY M   1	PLACE OF DEATH (Ch me XX Residence LUJITY AT ORK? YES 2 NO ice te and place, and due death occured at the	8 Other 28d. DES 28f. LOC/	PERFORM  1 VES 2 ( Inqu. e)  r (Specify)  CRIBE HOW IN.  ATION (Street end or Rown, State)  see(a) and menn end place, and	iry  JURY Occu  d Number or	RED RED I. cause(a	AMALABLE PRIOR COMPLETION OF CO P DEATH?  1 YES 2   F	TO
If any, leading to immediate couse. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d	utpetient 3 DOA  Y 29b. TIME INJU  RY — At home, farm, st pecify)	26.1 OTHER: 4   Nursing Ho OF   26c. In RRY M   1	PLACE OF DEATH (Ch me EX Residence JUNY AT ORK? YES 2 NO Ice	s Other 28d. DE9 28f. LOC/City of	PERFORM  1 VES 2 ( Inqu. e)  r (Specify)  CRIBE HOW IN.  ATION (Street end or Rown, State)  see(a) and menn end place, and	I TY  JURY OCCU  of Number or  or se stated due to the  29d. DATE 1	RED Rural R L Cause(a)	AAALABLE PRIOR COMPLETION OF COMPLETION OF COP DEATH?  1 YES 2   I	TO CAUSE
If any, leading to immediate ocuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  Diabetes Me  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/Or 28e. DATE OF INJUR (Month, Day, Yee, 28e. PLACE OF INJUR including, etc. (S)	utpetient 3 DOA Y 29b. TIME NJU RY — At home, farm, at pecify) owledge, death occurrection and/or investigation	26. In Mursing Ho  OF 26c. In Mursing Ho  OF 26c. In Mursing Ho  of at the time, default, in my opinion,	PLACE OF DEATH (Ch me XX Residence LUJITY AT ORK? YES 2 NO ice te and place, and due death occured at the	s Other 28d. DE9 28f. LOC/City of	PERFORM  1 VES 2 ( Inqu. e)  r (Specify)  CRIBE HOW IN.  ATION (Street end or Rown, State)  see(a) and menn end place, and	I TY  JURY OCCU  of Number or  or se stated due to the  29d. DATE 1	RED Rural R L Cause(a)	AMALABLE PRIOR COMPLETION OF CO P DEATH?  1 YES 2   F	TO CAUSE

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, or emergion, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician.



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	0.7.12 07 1	CE	ERTIF	ICATE OF			REG. NO	E,	
	1. DECEDENT'S NAME (First, Middle, Last)							2, DATE OF DEATN		3. TIME OF DEATH
	HETEN T. AR	MTN						MONTH DA	NY .	YEAR 1. PK
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t hirthrian)	IF UNDER 1 YEAR	IF UNDER 2	a time	7. DATE OF BIRTN	14	93 7 M
	031 05 43 70	1 M 2-2-E		YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)
. 1	215-07-4132	Α.Λ.	86	THS.				6-10-07		Md.
~	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATION	OF DE	ATN	9c. COUNT	Y OF DEATH
DIRECTOR	132 Siegwart I	nBalt	o. Md		Balt	imor	e (	litv	7	I/A
[[	10a. STATE 10b. COUNTY				Y, TOWN OR LOCAT				7.6.	
Ē				TUC. CIT	Y, TOWN OR LOCAL	ION				10d. INSIDE CITY LIMITS?
	Md.	N/A			Baltin					1 TO YES 2 NO
FUNERAL	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
ÿ	132 Siegwart I	nBalt	imore.	Md		272	29		Π.	SA
ا ۾	11. MARITAL STATUS		T EVER IN U.S. AR		13. WAS DEC	ENDENT OF	HISPANI	C ORIGIN? (Specify Yes		4. RACE — American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES	10		2 NO		, Puerto Rican, etc.)		Black, White, etc.  Specify:
	3 (A minored 4   Divorced	N/	A							White
逆	15. DECEDENT'S EDUI (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUPATION	ON et of working		16b. KIND OF BUS	INESS/INDU	STRY
9	Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT u	se retired.)	at or working				
<u>=</u>	N/A	N/A		Re	tired T	ailo	ייך	Tail	rino	Business
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Malden		
<u> </u>	Adomo Dzinkevi	ci and				Man	1 10	nos Adga	2220]=4	22 1/2 1/2 1/2
8	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street e	nd Number o	r Bural A	oute Number City or Tow	Stete Zin C	00)22153-2228
요	Genevieve Armi	n Downia								
	20a. METHOD OF DISPOSITION	I Davis			OF DISPOSITION (Na		Lev	OATE 20c, LO	ingi	ield Va
	1 Suriel 2 Cremetion 3 Remo	oval from State	cemetery, cres	matory or o	ther plece)					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	New	Cati	legral 22. NAME AN			7-93 Ba	alto.	Md
	STATE OF THE SERVICE BE	LITOLL						ick Ave		
	G Truman	Schwah						Md. 2122		
	23. PART i. Enter the diseees, or o	complications the	t ceueed the de	ath. Do i	not enter the mo	de of dylne	g, euch	as cardiec or reepi	ratory erres	nt, Approximete
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one ceu	ise on each line							Interval Between Onset and Death
- 1		Acrite	Can	C.av	nu lamos	~~	A	-1.50		Onset and Death
H	resulting in death)	a. Acute	(OR AS A CONSEC	DUENCE O	D.	X	-	11121		minune
_	_	C = -		D-5	+	ny	- 2-	15h W		11000000
Ó	Sequentially list conditions,	DUE TO	(OR AS A CONSEC	UENCE O	ten	100	-			Characas
¥	if any, leading to immediate couse. Enter UNDERLYING				, ,					3
윤	CAUSE (Disease or Injury thet initieted events	DUE TO	(OR AS A CONSEC	DUENCE O	FI:					
E	resulting in death) LAST				,					İ
CERTIFICATION		d								
	PART II. Other algolificent condition	a contributing to	deeth but not n	eeulting	in the underlying	cause giv	ren In P	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								- I TES 2	[N-NO	OF DEATH?
2								_		1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				20.04	105 05 051	Thi			
ᅙ	EXAMINER?	HOSPITAL:	-57		OTHER:	ACE OF OEA				
≥	1 TYES 2 TNO  27. MANNER OF DEATH	1 Inpatient 2					dence 8	Other (Specify)		
ᇤ	1 Natural 5 Pending	28a, DATE OF (Month, De		28b. TIM INJ	URY WO	RK?		28d. DESCRIBE HOW II	JURY OCCU	REO
BY	2 Accident Investigation					ES 2 🗌 I	NO			
	3 Suicide 6 Could not be	26e. PLACE Of building,	F INJURY — At hor etc. (Specify)	me, term, :	street, tactory, office			281. LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,
EI	4 Homicide determined							,		
21	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, des	th occurr	ed at the time, date	end place, e	nd due t	o the cause(s) end men	ner se stated	
COMPLETED										Cause(s) end manner es stated.
	29b. SIMNATURE AND TITLE OF CERTIFIER									
BE	10 5 C	She -	0 /	21		29c. LICENS	SE NUME	558	29d. DATE S	BIGNED (Month, Day, Year)
2	20 NAME AND ADOPESS OF DEDOCATION	COMPLETE				11	7 :	030	- /	-16-75
	30 NAME AND ADDRESS OF PERSON WHO	HOW VILLE	TO DEATH (ITEN	27) (NOO.	Prior ente				0	
	716 Maiden Ch		-one		Ba	Utin	101	e m	1	21228
/_	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE					200		
0	JUL 1 6 1993 A		and balled my							

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physician.	burial-transit
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Spit	hed

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

APURIANI: II IIEM 28 IS MARKED, OF ILEM 23 SNOWS BRY INJUTY, OF OTHER TRANSIC EVENT, THE MEDICAL EXAMINET MUST BE NOTIFIED AT ONCE.	DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within a completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State begin of Health and Mental Hygiene prior to burial, cremation, or removal.
	IMPURIANT: If tiem 28 is marked, or tiem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last	E C	. 6	BAI	/	F DEATH	2. DATE	REG. NO	y - 9	75An	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. )	est birthday) YRS.	IF UNDER 1 YEAR	-	100	OF BIRTH	914	8. BIRTH Codnin	PLACE (State or Foreign
_	99. FACILITY NAME (If not institution, give  RESIDENCE OF DECEDENT	Denier	5 5	+	9b. CITY, TOW	Alli mo	DEATH (	lily	9c. COUN	TY OF D	BATH
	Maryland 10b. COUN	ſΤΥ		10c. CITY	HOWN OR LOS	mort	)	0			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER	entalo	57	_		2/2	16		10g. CITIZ	EN OF W	SIT,
- 11	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes,	ECENDENT OF HIS specify Cuber, Me ES 2 4 ND Sp	ticen, Puerto		s or No—	14. RACE Black Special	- American Indian, White, etc.
	15. DECEDENT'S Et (Specify only highest gre Elementary/Secondary (0-12)				USUAL OCCUPA rork done during a record.)		161	o. KIND OF BU	ISINESS/INDU	JSTRY	.,,,
4	17. FATHER'S NAME (First, Midgle, Last)	BA	//			15/	die	Middle, Maiden	ew.	江	
	Mis (4 Ther)	ne No	rris.	110:	3 N.	Beni Beni	11/00	5%	Br	9//	Emlas.
L	20a, METHOD OF DISPOSITION    Buriel 2   Cremation 3   Re 4   Donation 6   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE			CAS	of DISPOSITION	Name of	DAT	1 100	Carrier - C	illy or To	F. 16
- 11		LICENSEE	1		_	AND ADDRESS OF	EARL ITY Z	7101	and the	110	Tadell !
	Joseph	V.J. K	Pus		22. HAME	AND ADDRESS OF	Non	LIS A	ie.	111	L'and ar
	23. PART I. Enter the diseases, o shock, or neart failure immEDIATE CAUSE (Final disease or conditions)	r complications the List only one co	ouse on each ii	death. Do n	22. HAME	node of dying,	ouch es can			1 xx	Approximate interval Betwo
	shock, or heart failure	r complications the List only one co	O (OR AS A CONS	death. Do n	ot enter the r	node of dying,	ouch es can	disc or reap		// SA/ 101,	interval Betw
	iMMEDIATE CAUSE (Final disease or condition	a	O (OR AS A CONS	deeth. Do none.	ot enter the r	node of dying,	ouch es can			Services,	interval Betw
	shock, or heart failure immediate cause. Enter UNDERLYING	a	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do none.	ot enter the r	node of dying,	ouch es can			Set,	interval Betw
	shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE T  b. DUE T  d. DUE T	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do none.	ot enter the r	node of dying,	duch es can		NAUTOPSY RMED?		interval Betw Onset and D
	shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE T  b. DUE T  c. DUE T  d. HOSPITAL:	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	death. Do note.	ot enter the r	Inoda of dying, some state of the state of t	in Part I.	24a. WAS AN PERFOI	NAUTOPSY RMED?		interval Betw Onset and D Were Autopsy Find Awallable Priori to Completion of Caus of Death?
	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a. DUE T b. DUE T d. DUE T d. DOE T d.	O (OR AS A CONS O (OR AS A CON	death. Do note.	ot enter the r	Inde of dying, some some some some some some some some	in Part I.	24a. WAS AN PERFOI	N AUTOPSY RMED? 2 □ NO	24b.	interval Betw Onset and D Were Autopsy Finds Awallable Priori to Completion of Caus of Death?
	Shock, or Aleart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 21 NO  27. MANNER OF DEATH 1 Natural 6 Pending 1 Netural 6 Pending 1 Netural 6 Could not b determined	a. DUE T b. DUE T c. DUE T d. DOE T lone contributing to  HOSPITAL: 1   Inpetent 2 28e. DATE C (Month,	O (OR AS A CONS O (OR AS A CON	death. Do none.	ot enter the r	PLACE DF DEATH DOME 5 Residen NJURY AT WORK? VIES 2 ND	in Part I.  (Check only or ce 6 Other  281, LOC City	24a. WAS AN PERFOI 1 VES :	N AUTOPSY RMED? 2 □ NO  INJURY OCCI end Number o	URED	WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?

CAUSE OF DEATH (ITEM 27) (Type, Frint)

CAUSE OF DEATH (ITEM 27) (Type, Frint)

STRAR'S SIGNATURE 1993

B811.

Ave

# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

- 8			9-11111	ICATE (		REG. N	rO.		
100	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	_
	Edith	Marie	BAKER			MONTHUTY	T4, 195	93 9:30 a w	,
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	_
	216-52-5980		90 YRS.	MONTHS DA		(Morith, Day, Year)		Country)	
9	9a. FACILITY NAME (If not institution, give			AL OUT 1		Nov. 27,		Maryland	_
Œ				96. CITY, 101	VN OR LOCATION OF D		9c. COUNTY	Y OF DEATH	
2	Franklin Square	Hospital			Baltimor	e	Bal	timore	
\ \text{\tint{\text{\tint{\text{\tin}\text{\tex{\tex	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY	
DIRECTOR	Maryland -		1,100					LIMITS?	
	10s. STREET AND NUMBER			Balti	more			1 X YES 2 NO	_
₩.	4003 Elmora Av	0.000						N OF WHAT COUNTRY?	
FUNERAL					21213			.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS	DECENDENT OF HISPA , specify Cuban, Mexico	NIC ORIGIN? (Specify	Yes or No- 14	i. RACE — American Indian, Black, White, atc.	
B	3XXWidowed 4 Divorced	IF YES, GIVE WAR OR I		1 YES 2 X NO Specify:				Specify:	
		1						White	
Щ	15. DECEDENT'S EDI (Specify only highest grad	completed)	16a. DECEDENT'S (Give kind of	work done during	PATION The most of working	16b. KIND OF I	BUSINESS/INDUS	TRY	
<u>_</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us						
2	N/A	N/A	Home	maker			Own Home	e	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maid			1
	Albert J. Bisco	2			Louisa	a E. (sur	name unl	known)	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural	Floute Number, City or 1	fown, State, Zip Co	ode)	٦
	Edith Hofferber	(daughter)	4 St	orevs	Ct., Balt:	imore MD	21236		
	20a METHOD OF DISPOSITION 1X Suriel 2 Cremation 3 Ren	20	b. PLACE AND DATE	OF DISPOSITION	(Name of		LOCATION — City		7
	4 Donation 8 Other (Specify)	novel from State	metery, cremetory or o Baltimore	ther plece)	0.3577	7/17 B	1 timom	e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L		Jare I more		E AND ADDRESS OF FA	CIUTY	TTTINOTE	e, Maryland	-
	1//	411.		Sch	imunek Fur	neral Home	es. Inc.		
	11/1	oll		970	5 Belair E	Rd., Balti	lmore. N	MD 21236	-
medical	23. PART I. Enter the diseases, or	complications that cause List only one cause on	d the death. Do i	not enter the	mode of dying, suc	ch as cardiac or re	spiratory arrest		7
Ē	IMMEDIATE CAUSE (Final	List only one cause on	each line.					Interval Between Onset and Death	
	disease or condition	<b>Renal</b>	failure						
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	<u></u>					-
-									
								j	
	Sequentially list conditions,	bDUE TO (OR AS	A CONSEQUENCE O	n:					-
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):					-
FICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c							_
TIFICATIO	if any, leading to immediate cause. Enter UNDERLYING	c	A CONSEQUENCE OF						1
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE O	<b>ਜੇ:</b>					
AL CERTIFICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE O	<b>ਜੇ:</b>	ying cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ICAL CERTIFICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE O	F): In the underl		PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL CERTIFICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE O	F): In the underl		PERF		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: MEDICAL CERTIFICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE O	F): In the underl		PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions Sepsis with	c. DUE TO (OR AS	A CONSEQUENCE O	n the underl		PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis Wit	c. DUE TO (OR AS	A CONSEQUENCE O	n the underlulitis		PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis Wit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	DUE TO (OR AS d.  ns contributing to death  POCUPPANT  HOSPITAL: 1 [Xinpatient 2   ER/Out	a consequence of	In the underlulitis		PERF 1 TYES	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis Wit  25. Was case referred to medical examiner?  1 Yes 2 X NO  27. Manner of Death	DUE TO (OR AS d	but not resulting divertic	In the underlulitis	3. PLACE OF DEATH (C/	PERF 1 TYES	ORMED?  2 \( \sum_\chi\text{NO}\)	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis with  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	d	but not resulting divertic	in the underlulitis  21  OTHER: 4   Nursing   BE OF   28c.	B. PLACE OF DEATH (C/ Home 5   Residence	PERF 1 VES  neck only one) 6 Other (Specify)	ORMED?  2 \( \sum_\chi\text{NO}\)	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis with  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS  d.  Ins contributing to death  PACUMPENT  HOSPITAL:  1 [Xinpatient 2 = ER/Out  28e. DATE OF INJURY  28e. PLACE OF INJURY	but not resulting divertic	OTHER: 4   Nursing   EOF   28c.	B. PLACE OF DEATH (C/C) Home 5   Residence INJURY AT WORK?   YES 2   NO	PERF 1 VES  DECK only one) 6 Other (Specify) 28d. DESCRIBE HON  28f. LOCATION (Street	ORMED?  2 NO  W INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis with  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (OR AS d.  Ins contributing to death CCU PPOIT  HOSPITAL: 1   Xinpetient 2   ER/Out (Month, Day, Year)	but not resulting divertic	OTHER: 4   Nursing   EOF   28c.	B. PLACE OF DEATH (C/C) Home 5   Residence INJURY AT WORK?   YES 2   NO	PERF 1 YES  Deck only one) 6 Other (Specify)  28d. DESCRIBE HON	ORMED?  2 NO  W INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  SCPSIS WITE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined	DUE TO (OR AS d.  Ins contributing to death  POURTAL: 1 [Xinpatient 2   ER/Out (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Spe	but not resulting divertic	In the underly the	B. PLACE OF DEATH (C/) Home 5   Residence INJURY AT WORK?   YES 2   NO	PERF 1 VES  Octoor (Specify)  26d. DESCRIBE HON  28f. LOCATION (Streen City or Town, Sta	ORMED?  2 NO  W INJURY OCCUR  et and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  SCDSIS WITE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only)	DUE TO (OR AS  d.  Ins contributing to death  POSPITAL:  1   Xinpetient 2   ERVour  28s. DATE OF INJURY  (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Spe	but not resulting divertic	OTHER: 4   Nursing IE OF   28c. IUNY M   1 street, factory, of	B. PLACE OF DEATH (C? Home 5   Residence INJURY AT WORK?   YES 2   NO office	PERF 1 VES  Other (Specify) 26d. DESCRIBE HON City or Town, Ste	ORMED?  2 NO  W INJURY OCCUR  et and Number or rele)	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  RED  Rural Route Number,	
ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis with  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation   Suicide   Could not be determined    29a. CERTIFIER (Check only one)   1 CERTIFYING PHYS one)   2 MEDICAL EXAMINER.	DUE TO (OR AS  d.  Ins contributing to death  TOCU PPOTIT  HOSPITAL: 1 [Xinpetient 2 = ER/Out 28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	but not resulting divertic	OTHER: 4   Nursing IE OF   28c. IUNY M   1 street, factory, of	B. PLACE OF DEATH (C? Home 5   Residence INJURY AT WORK?   YES 2   NO office	PERF 1 VES  Other (Specify) 26d. DESCRIBE HON City or Town, Ste	ORMED?  2 NO  W INJURY OCCUR  et and Number or rele)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  SCDSIS WITE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only)	DUE TO (OR AS  d.  Ins contributing to death  TOCU PPOTIT  HOSPITAL: 1 [Xinpetient 2 = ER/Out 28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	but not resulting divertic	OTHER: 4   Nursing IE OF   28c. IUNY M   1 street, factory, of	B. PLACE OF DEATH (C? Home 5   Residence INJURY AT WORK?   YES 2   NO office	PERF 1 VES  Deck only one) 6 Other (Specify)  28d. DESCRIBE HON  29f. LOCATION (Stre- City or Town, Sta	ORMED?  2 NO  W INJURY OCCUR  et and Number or  rite)	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  RED  Rural Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis with  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation   Suicide   Could not be determined    29a. CERTIFIER (Check only one)   1 CERTIFYING PHYS one)   2 MEDICAL EXAMINER.	DUE TO (OR AS  d.  Ins contributing to death  TOCU PPOTIT  HOSPITAL: 1 [Xinpetient 2 = ER/Out 28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	but not resulting divertic	OTHER: 4   Nursing IE OF   28c. IUNY M   1 street, factory, of	B. PLACE OF DEATH (C): Home 5 Residence INJURY AT WORK? YES 2 NO office  date and place, and due in, death occurred at the	PERF 1 VES  Deck only one) 6 Other (Specify)  28d. DESCRIBE HON  29f. LOCATION (Stre- City or Town, Sta	ORMED?  2 NO  W INJURY OCCUR  et and Number or  rite)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis with  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation   Suicide   Could not be determined    29a. CERTIFIER (Check only one)   1 CERTIFYING PHYS one)   2 MEDICAL EXAMINER.	DUE TO (OR AS  d	but not resulting divertic.  pettern 3 DOA  28b. TIM INJ  Y — At home, farm, socily)  on and/or investigation	In the underly the	B. PLACE OF DEATH (C): Home 5 Residence INJURY AT WORK? YES 2 NO office  date and place, and due in, death occurred at the	PERF 1 VES  Deck only one) 6 Other (Specify)  28d. DESCRIBE HON  29f. LOCATION (Stre- City or Town, Sta	ORMED?  2 NO  W INJURY OCCUR  et and Number or  rite)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL CER	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis With  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending Investigation S Suicide S Could not be determined to determined to determined to the could not be	DUE TO (OR AS  d	but not resulting divertic.  pettern 3 DOA  28b. TIM INJ  Y — At home, farm, socily)  on and/or investigation	In the underly the	B. PLACE OF DEATH (C): Home 5 Residence INJURY AT WORK? YES 2 NO office  date and place, and due in, death occurred at the	PERF 1 VES  Deck only one) 6 Other (Specify)  28d. DESCRIBE HON  29f. LOCATION (Stre- City or Town, Sta	ORMED?  2 NO  W INJURY OCCUR  et and Number or  rite)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,	
IPURIANE: IT ITEM 28 IS MARKED, OF ITEM 23 SHOWS BITY INJURIES BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Sepsis With  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending Investigation S Suicide S Could not be determined to determined to determined to the could not be	DUE TO (OR AS  d	petient 3 DOA  28b. TiM INJ Y.— At home, farm, city)  viedge, death occurrent and/or investigation  State (ITEM 27) (Type	In the underly the	B. PLACE OF DEATH (C): Home 5 Residence INJURY AT WORK? YES 2 NO office  date and place, and due in, death occurred at the	PERF 1 VES  Deck only one) 6 Other (Specify)  28d. DESCRIBE HON  29f. LOCATION (Stre- City or Town, Sta	ORMED?  2 NO  W INJURY OCCUR  et and Number or  rite)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,	



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DINOUS C	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the manufacture and include on other demands about the manufacture and the manufacture and the second secon
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		FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPARTME	NT OF H	HEALTH AND DEATH	MENTAL HYGIEN REG. NO	IE	3	20585
		1. DECEDENT'S NAME (First, Middle, Last)	CATHERINE	7	ממ מ	AGG		2. DATE OF DEATH MONTH 7 - 14 -	MY	YEAR	3. TIME OF DEATH
	ij	4. SOCIAL SECURITY NUMBER	make the second			DER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1993	0.0000	2:15 A M
		215-10-0301 '	1 D M 2 F 98		YRS. MONTH		HOURS MIN,	(Month, Day, Year) 11-29-18	80/	Countr	ryland
		Se. FACILITY NAME (If not institution, grv. st	reet and number)		, 9b. C	HTY, TOWN (	OR LOCATION OF D			ITY OF D	
ä	5	Church Hospita	1		Ва	altin	nore	^			
DIRECTOR		RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c, CITY, TOW	N OR LOCAT	TION	1			10d. INSIDE CITY
=		Md			BA1tin	nore					V LIMITS?
4		10s. STREET AND NUMBER				101	. ZIP CODE		10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL		257 South Elwo					21224			S.A	Α.
		11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 (1)	MED	If yes, sp	ecify Cuben, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No-	14. RACI Black	E — American Indian, k, White, etc.
2	_	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES		1 TYES	NO Specif	y:		Whi	
COMPLETED		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	ECEDENT'S USUAL live kind of work do . Do NOT use retire	OCCUPATIO	ON ost of working	16b. KIND OF BU	SINESS/IND		
Ä		Elementary/Secondary (0-12) 10 yrs	College (1-4 or 5+)								
Be C		17. FATHER'S NAME (First, Middle, Lest)		ноп	nemaker		18 MOTHER'S NA	Own Ho			
BE C		Henry Musch						Voglar	Surneme)		
TO B		19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDR	ESS (Street a		Route Number, City or Tox	vn, State, Zip	Code)	
2 F		Mary Glad	Daughter	·	257 S.	Elw	ood Ave	e.,Balto.	,Md.	21	224
150		20s. METHOD OF DISPOSITION  1 Burial 2/C/Cremation 3 Remo	ovel from State 20t	PLACE	AND DATE OF DISF	POSITION (Na	ame of	DATE 20c. LC	OCATION —	City or To	own, State
- JO		4 Donation 5 Other (Specify)	ENSEE,	eer	Mount	Crem	latory	7+19-93 I	Balto	) . , M	ld
examiner must be notified at once.		9 m 0 34	Edison P	1. F	10	Mor	an-Asni	ton Funei	al F	Iome	, INc.
medical		23. PART I. Enter the diseases, or c	omplications that cause	the de	eath. Do not en	3000	E. Balt	timore St	Ba	11to	Md 21224
200		shock, or heart fellure. I	List only one cause on e	ach line			20.00.000	C. Commercial or Land			Interval Between Onset and Death
£ 1	$\ $	disease or condition resulting in death)	/	Que	emge	na.					į
200		_sseed Sellin	DUE TO (OR AS A	CONSE	QUENCE OF):		a	0			
other traumatic event,		Sequentially list conditions,	DUE TO (OR AS A	CONSE	OUENCE OFI:	m	ect	Sepsis			
r other traumatic		if any, leading to immediate cause. Enter UNDERLYING	. /	Pers	1	Te.	clina	2			į
THE LE		CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSE	OUENCE OF):	/					
2 E		resulting in death) LAST	1	-							
		PART II. Other significant conditions	contributing to death b	ut not i	resulting in the	underlying	g cause given in	Part I. 24s. WAS AN		24b	WERE AUTOPSY FINDINGS
red, or item 23 shows any injusting PHYSICIAN: MEDICAL								PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								_		1	1 _ YES 2 _ NO
AN		25. WAS CASE REFERRED TO MEDICAL		-		00.00	100 05 DE 1711 101			$\perp$	
or Item YSICI		EXAMINER?	HOSPITAL:	ationt 3	OTH	ER:	ACE OF DEATH (Ch	s ☐ Other (Specify)			
96, 00		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. INJ		28d. DESCRIBE HOW	INJURY OCC	URED	
marked, BY PH		1 Netural 5 Pending 2 Accident Investigation	(month, bay, loar)		M		YES 2 NO				
	-	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	- At ho	ome, farm, street, i	lectory, offic	•	28f. LOCATION (Street City or Town, State		or Flural F	Route Number,
		00-000000									
MPI		(Check only	CIAN: To the best of my know R: On the besis of examination								) and manner or said
-	- 14	29b. SIGNATURE AND TITLE OF CERTIFIER		. 4201	vengenon, iii m	у ориноп, а					
-		THE OF CENTRE	12m				DY3/				(Month, Day, Year) 9-9-3
록   ₽		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATU //TE	M 2D (Time Chief)		1111	- /		-(	743

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6 1993

31. DATE FILED (Month. Day, Year)

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		STATE OF MARYL h Boglia	AND / DEPART CERTIFIC	MENT OF I	HEALTH AND	MENTAL HYGII REG. N			
	1. DECEDENT'S NAME (First, Middle, Las	1)	0	10		2. DATE OF DEATH MONTH	DAY	PEAR	IME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IFUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	15		:00 P.M.
- N	215-10-4755.	1 M 2 0 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	-14	Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF D		1101	aryla Y OF DEATH	
DIRECTOR	6917 Eastbroo	k Ave.		Ba1t:	imore				
	10a. STATE 10b. COUR	ITY	10c. CITY,	TOWN OR LOCA	TION			10d.	INSIDE CITY
		altimore	В	altimor	ce			15	LIMITS? YES 2 NO
	100. STREET AND NUMBER	- honey Di	010110	10	1. ZIP CODE	1		N OF WHAT	COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13 WAS DEC	CI CC	NIC ORIGIN? (Specify		S.A.	merican indian,
DI LONENAL	1 Never Married 2 Married	FORCES? 1 YES	2 K NO	if yes, sp	ecify Cuban, Maxic	an, Puerto Rican, etc.)	708 OF 140 14	Black, Whi	ta, atc.
	3 Widowed 4 Divorced		16.5					1	White
2	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	de completed)	16a. DECEDENT'S US (Give kind of worldife. Do NOT use	SUAL OCCUPATION  Red done during model  retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDUS	STRY	
	12 yrs.	College (1-4 or 5+)	Gourmet			Resta	urant		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	ien Surname)		
u l	Carlo Boglia				Rose Bo				
2	190. INFORMANT'S NAME (Type/Print) Frances M. Bogl	ia				Route Number, City or			
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF			Baltimore,	Md 2		
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	retery, cremetory or other Carmel	Cemete			asadena		
	21. SIGNATURE OF FUNERAL SERVICE		0	22. NAME AI	ND ADDRESS OF FA	CILITY		, mar	Tana
	· Jall a	1 Charles	X			ck Funera			
	23. PART I. Enter the diseases, o	r complications that caused b. List only one cause on e	the death. Do not	anter the mo	de of dying, suc	h as cardiac or re	apiratory arres	t,	Md. 210 Approximata
	IMMEDIATE CAUSE (Final	s. List only one cause on e	ach line.					ĺ	Interval Betwee Onset and Deat
	disesse or condition resulting in death)	DE TO (OR AS A	to aim	anti	coagul	unt th	myy-	Bleed	
	_	A .			· 60 -4-		, )		2
2	Sequentially ilat conditions, if any, leading to immediate	b. Churchic OUE TO (OR AS A	CONSEQUENCE OF):	on	melali	1			22 44
	cause. Enter UNDERLYING CAUSE (Disesse or Injury	· Myota	odial	mpa	retro				1970
CERTIFICATION	that initiated events resulting in death) LAST	DUE NO (OR AS A	CONSEQUENCE OF):	-		1429			224
į		d. COWY	rang	ante	y au	in		- 1	1
	PART ii. Other aignificant condition	ons contributing to death b	ut not resulting in	the underlying	g cause given in	Part i. 24a. WAS /	AN AUTOPSY ORMED?		E AUTOPSY FINDINGS
	alpression					1 YES	2 NO	OF D	PLETION OF CAUSE EATH?
	J7 notice					- 1		1 🗆	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		L	
2	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:		8 Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 26c. INJ		26d. DESCRIBE HOV	V INJURY OCCUP	RED	
5	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
3	3 Suicida 6 Could not be datermined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre	et, factory, offic	•	28f. LOCATION (Stree City or Town, Sta		Rural Route N	lumber,
	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the heat of my heavy	and an electrical section of the			34 441			
		SICIAN: To the best of my knowl NER: On the basis of examination						ause(a) and	manner as stated.
١	296. SIGNATURE AND TITLE OF CENTIFI				29c. LICENSE NUI		29d. DATE S		
1	muche Dh	renton	~		D4 19	68	1	1101	93
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)		V ()		1	1
	MICH MICH	HEL D. N	JARTIN	MD	157	6 Merri	H Blun	Bh	Ho mo
1	IN DATE PILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE						21221



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.  IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TEGIOTIAN				JEITH	IVALL	JF DEP	1113	REG. NO				
8	1. DECEDENT'S NAME (First, Robert	E	BRA	DLEY					2. DATE OF DEATH DO	×14	12/11 Pm		
				6. AGE (In rs.	(s. last birthday)   F UNDER 1 YEAR   IF UNDER 24 HRS.   YRS.   MONTHS   DAYS   HOURS   MIN.			7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not in:			09	Ing.				07/24/19	1	Maryland		
Œ	Universi		· ·			0.	www.orloca imore				UNTY OF DEATH		
DIRECTOR	RESIDENCE OF DEC		Spical			Dail	THOTE		City	_==	=====		
l Ä l	10e. STATE	10b. COUNT	TY.	-	10c. CIT	Y, TOWN OR I	OCATION				10d. INSIDE CITY		
5	Maryland	==	=====		Ba	altimo	re				LIMITS? 1 図 YES 2 □ NO		
A P	10e. STREET AND NUMBER						10f. ZIP CO	DE		10g. CI1	TIZEN OF WHAT COUNTRY?		
FUNERAL	1029 W. C	ross	Street				21	230			U.S.A.		
5	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13. WA	DECENDENT	OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.		
A	1 Never Married 2 3 Wildowed 4 Divor		World W	R OR DATES			YES 2 NO				Specify: White		
윤		OENT'S EDU		16a.	DECEDENT'S	USUAL OCCL	PATION og most of work	vina.	16b. KIND OF BUS	SINESS/IN			
9	Elamentary/Secondary (0-	12)	College (1-4 or 5+)		life. Do NOT us	e retired.)	g most or work	ung	5				
COMPLET					Labore	er		_	Balti	more	City		
	17. FATHER'S NAME (First, Mil		Earl R. B	radlev			18. MO		ME (First, Middle, Maiden Drence G.		21.12.11		
H	19a. INFORMANT'S NAME (TV		Dati N. D.								-		
유	Bonnie Fi				1022	W. Cro	ss St	er or Rumal R ceet	Baltimor	e, M	faryland 21230		
	20s. METHOD OF DISPOSITION  1 X Burtal 2 Cremation  4 Donation 5 Other	n 3 🗆 Ren	noval from Stata	20b. PLAC	E AND DATE	of Disposition	N(Name of netery				city or Town, State re, Maryland		
	21. SIGNATURE OF FUNERAL	SERVICE L	DENSEE	1/1					ce Funeral		_		
Ц	·C! 16	eke	and	X/.	one	400	1 Rito	chie 1	Hwy. Balt	imor	e, Md. 21225		
	23. PART i. Entar the dis shock, or he	seases, or art fallure.	complications that List only one caus	caused the	death. Do n	ot enter the	mode of d	ying, such	as cardisc or reapi	ratory ar	rest, Approximata interval Between		
	IMMEDIATE CAUSE (Fin	1	1 1 1 1 1 1				-	Onset and Death					
	disease or condition resulting in death)	<b>+</b>	. Intr	actab	de	Lryp	Tococ	cal	Sepsis	>	L301		
_		_	CV CV	ptoc	A C C A	4 1/1	enin	2:1	· <		351		
CERTIFICATION	Sequentially list condition if any, leading to immed		DUE TO	AR AS A CONS	EQUENCE OF	):	CVILII	211			257		
8	cause. Enter UNDERLYIF CAUSE (Disease or injur	VG	. Yer	orat	Pd.	Ter	minal	I	leun		144d		
[	that initiated events resulting in death) LAST		DUE TO (	OR AS A CONS	EOUENCE O	?:					77		
H	resulting in deadily EAST	U	a. Cri	nnis	, 12	sea.	X-				34/5		
	PART II. Other significan	nt condition	ns contributing to c	leath but not	t resulting	n tha unde	lying cause	given in F	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY THOMAS		
EDICAL									PERFOR	11	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME									_	X	OF OEATH?		
									_		1 0 100 2 0 110		
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL			28. PLACE OF OEATH (Check only one)								
, Si	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 🗆 R	Residence 6	Other (Specify)				
		ending	28e. DATE OF II (Month, De)		26b. TIM INJ	URY	OF 28c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURED WORK?			CURED			
ED BY	3 Suicide 6 C	could not be	28a PLACE OF building, e	INJURY — At I	home, farm, s	treet, factory,	office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER												
MP	(Check only								o the cause(s) and man				
8				mination and/o	or investigation	n, in my opini	on, death occu	ired at the 1	lme, date and place, and	d due to ti	he ceuse(s) and manner as stated.		
H	295, SECHATURE AND TITLE O	M)					29e. LIC	ENSE NUMI	BER	29d. DAT	7./4.93		
00 D	JEANNE	M. A	CONNELL	_ M.D.	EM 27) (Type,	Print)	penl	051	- //mm<		BAT. MP 21201		
7	31. DATE FILED (Month, Day, Y	du du	AN REGISTRAN	WEIGHAT HE	~	, , ,	KEENL		· Unin-	/	[MI 1120]		
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	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the attending physician and completely filled in by the funeral director, page 5 should be detached by the attending physician and completely filled in by the funeral director.	200	
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and gnibne	as the bu		
ital or afti	for use		
by the hospital or aften	defached		0000
ite be executed within 24 hours after death. Page 6 may be retained by the ho	should be		d. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
nay be re	. page 5		rt he no
Page 6	al director		ner mus
ler death.	the funera	wal.	i evami
nours at	lled in by	1, or remo	medic
WILDIN 24	npietely fil	cremation	vent the
executed	n and con	to burial,	matic e
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death cen	attending	ental Hygi	ry. or of
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v requires	been sign	t. of Heal	Shows
V: The law	icate has	State Dep	Item 23
PHYSICIA	this certif	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
ENDING	OR: After	fter death	28 is mark
AL UH AI	AL DIRECT	2 hours a	If Item 2
INE HUSPII	E FUNERA	d within 72	DRITANT: H
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	1. DECEDENT'S NAME (First, Middle, Lest)				ICATE OF		2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
1	ROBERT CHARLE		T, Sr.				7			93	16:20	
ı	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		8. BIRTH Count	HPLACE (State or Foreign	
	233-44-4479	1 🔀 M 2 🗆 F	73	YRS.	MONTHS DAYS	HOURS WIN.	09		1919		st Virgini	
1	9n. FACILITY NAME (If not institution, give				96. CITY, TOWN	DR LOCATION OF	DEATH		9c. COL	JNTY OF D	DEATH	
ı	St. Agnes Hospi	tal			BALTI	MORE				BA	LTIMORE	
l	10a. STATE 10b. COUNT	Υ		10c. C/1	Y, TOWN DR LOCA	TION					10d, INSIDE CITY	
I	Maryland			В	altimore	2					LIMITS?	
Ì	10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CI	TIZEN DE V	WHAT COUNTRY?	
I	2903 Georgetown	Road				21230			ľ	J.S.A		
ı	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AI	RMED	13. WAS DEC	CENDENT OF HISPA	ANIC ORIGIN	? (Specify Y	e or No-	14. RACI	E — American Indien,	
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R DR DATES	NO		ocify Cuban, Maxic 3 2 🙀 NO Spec		Rican, etc.)		1	Black, White, stc. Specify:	
	15. DECEDENT'S EDU	1940-45	T., .								White	
ı	(Specify only highest grade	e completed)	(0	ECEDENT'S Sive kind of Do NOT u	WORL OCCUPATE Work done during me se retired !	ON ost of working	16b.	KIND OF B	JSINESS/IN	DUSTRY		
ı	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)		Lerk	,			Soci	al Se	curi	tw	
	17. FATHER'S NAME (First, Middle, Last)			LCIR		16. MOTHER'S N	AME (First I			culi	Ly	
	Edgar BENNETT					Eve		YTON				
l	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rura	Route Numb	per, City or To	wn, State, Zi	ip Code)		
	Sarah D. Bennett				3 George						230	
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🔀 Cremation 3 ☐ Ram	comi from State			DF DISPOSITION (N	eme of	DATI	E 20c. L	OCATION -	- City or To	own, State	
ı	4 Donation 5 Other (Specify)		Metro	Cre	matory		7/1	5 Ba	ltimo	re,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			7							
- 85		フラ				ND ADDRESS OF F						
	· Suno	ZZIDA	01		HUBE	BARD FUN	ERAL				MD 21220	
	23. PART i. Enter the disesses, or	Zush complications that	Coused the de	eath. Do i	HUBE 410	BARD FUN: 07 Wilke:	ERAL ns Av	e, Ba	ltimo	re.		
	23. PART I. Enter the disesses, or shock, or heart fallure.	complications that List only one caus	coused the do	eath. Do i	HUBE 410	BARD FUN: 07 Wilke:	ERAL ns Av	e, Ba	ltimo	re.	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition	List only one caus	e on each line		HUBE 410 not enter the mo	BARD FUN: 07 Wilke:	ERAL ns Av	e, Ba	ltimo	re.	Approximate	
	immediate cause (Final	a. PULM	coused the de e on each line	e. Edem <i>a</i>	HUBE 410 not enter the mo	BARD FUN: 07 Wilke:	ERAL ns Av	e, Ba	ltimo	re.	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PULM	on each line	EDEMA	HUBE 410 not enter the mo	BARD FUN: 07 Wilke:	ERAL ns Av	e, Ba	ltimo	re.	Approximate interval Between Onset and Dea	
	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. PULM DUE TO (C	ONARY OR AS A CONSE	EDEMA ouence o	HUBE 410 not enter the mo	BARD FUN: 07 Wilke:	ERAL ns Av	e, Ba	ltimo	re.	Approximate interval Between Onset and Dea	
	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. PULM DUE TO (6 b. HYPE DUE TO (6	ONARY OR AS A CONSE	EDEMA OUENCE O IA OUENCE O	HUBE 410 not enter the mo	BARD FUN: 07 Wilke:	ERAL ns Av	e, Ba	ltimo	re.	Approximate interval Between Onset and Dea	
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	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PULM DUE TO (C d.	MONARY  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE	EDEMA OUENCE O  OUENCE O	HUBE 410 not enter the mo	BARD FUN: D7 Wilke: ode of dying, su	ERAL ns Av ch as card	e Ba	1 timo	ore,	Approximate interval Betwee Onset and Dea 6 hrs 1 day	
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	secock, or near failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	a. PULM DUE TO (C b. HYPE DUE TO (C c. DUE TO (C	MONARY  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE	EDEMA OUENCE O  OUENCE O	HUBE 410 not enter the mo	BARD FUN: D7 Wilke: ode of dying, su	ERAL ns Av ch as card	e Ba	1 time	ore,	Approximate interval Between Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
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	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PARK IN SONS ** D  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. PULM DUE TO (C. DUE	MONARY  OR AS A CONSE  RTHERM  OR AS A CONSE  OR AS A CONSE  LECTION OF THE CONSE  LECTION OF THE CONSE  LECTION OF THE CONSE  LECTION OF THE CONSE	EDEMA OUENCE O  I A  OUENCE O  OUENCE O	HUBE 410 not enter the mo	BARD FUN: 07 Wilke: ode of dying, su y  g cause given in	De Part I.	e Bailec or real	N AUTOPSY RMED?	rest,	Approximate interval Between Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
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A. M.D. ST. AGNES HOSPITAL PATHOLOGY DEPT. 900 S. Caton Ave

93	20	58	9

	MONTH DAY YEAR									10:36			
	4. SOCIAL SECURITY NU		5. SEX	8. AGE (In yrs. la	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24	IRS. 7	7. DATE OF BIRTH (Month, Day, Year)	0.	. BIRTNPL Country)	ACE (State or Fo
No.	217-56-7 9a. FACILITY NAME (# not 2809 MATH	institution, gl	TREET					PIMORE			9c. COUNTY		land
DIRECT	10a. STATE Maryland	10b. COU				y, TOWN OR Balt							Od. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 2809 Mat		Stroot				10f.	ZIP CODE	218				AT COUNTRY?
BY FUNI	11. MARITAL STATUS  1 Never Married 2 [ 3 Widowed 4 DD	Married	12. WAS DECEDED FORCES?	NT EVER IN U.S. AI I YES 2 WAR OR DATES	RMED NO	N.	yes, spe	ENDENT OF	ISPANIC axican, I	ORIGIN? (Specify Yo Puarlo Rican, etc.)		F. RACE	American Indi White, atc. Black
COMPLETED	(Specify o					usual occ work done du ne retired.)	uring mos	ON st of working		Am Tr		STRY	
ш	17. FATNER'S NAME (First, Thomas C	111111111111111111111111111111111111111						Cat	her	ine Bar	nes		
TO B	19a. INFORMANT'S NAME Roberta H		S	19	2809	Mat	the	nd Number or	iumi Rou Lee	t Balti	wn, State, Zip Co More,	Ma	rylan
	20b. PLACE AND DATE OF DISPOSITION  X Burlal 2 Cremation 3 Removal from State 4 Donastion 6 Other (Specify)  21. SIGNATURE OF UND HAL SERVICE LICENSEE  220b. PLACE AND DATE OF DISPOSITION/Name of cemetary, crematory or other place)  King Memorial Park  220c. LOCATION - City or Town, State  7/16/93  Randallstown, Memorial Park  1701 McCullo  Chatman-Harris F/H Baltimore, Mo									n, Md			
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I	heary tellu	or compilestions the	at ceused the duse on each lin	eath. Do n						Balti	mor	e, Md2
	shock, or iMMEDIATE CAUSE (I disesse or condition resulting in deeth)  Sequentially list condit any, leading to immicause. Enter UNDERL CAUSE (Disesse or in that initiated events	ditions, nedlate LYING	s. ACQUIR DUE TO	RED IMMU O (OR AS A CONSE O (OR AS A CONSE	NO DE	not enter the EFICIF	ths mod	de of dying	such a	ss cerdiec or res	Balti	mor	e, Md2
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or iMMEDIATE CAUSE (disease or condition resulting in deeth)  Sequentisity list condition if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in desth) LA  PART II. Other significations of the condition of the	ditions, nediate LYING njury AST	B. ACQUIF DUE TO b. DUE TO c. DUE TO d	USE ON EACH IN RED IMMU O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	NO DE COUENCE OF COUEN	OTHER:	26. PL ing Nom WOT 1 V	ACE OF DEA	ROME	E (AIDS)  art I. 24a, WAS A PERFC 1 YES	Balti Diratory srres	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	e , Md 2  Approximinterval B Onset and  ERE AUTOPSY FI MILABLE PRIOR  TO DEATH?  YES 2 1
IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or iMMEDIATE CAUSE (I disease or condition resulting in deeth)  Sequentisily list condition if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in desth) Li  PART II. Other signification in the condition of the	ditions, nedlate LYING njury AST Cont conditions of the condition of the c	B. ACQUIF DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONSE  O (OR AS A C	NO DE COUENCE OF COUNCE OF COUENCE OF COUENCE OF COUENCE OF COUNCE OF COUENCE OF COUN	OTHER: 4   Nursil E OF   2   URY   M   street, factor	26. PL : ing Normal ing Vory, office	CSYNC  CSYNC  CSYNC  CSUSE GIV  ACE OF DEA  CSYNCAR  CSYNCAR  ACE OF DEA	ROME  n In Pa  N (Check	E (AIDS)  Art I. 24a. WAS A PERFC  1 YES  Conly one)  Other (Specify)  18d. DESCRIBE NOW  18d. LOCATION (Street City or Town, Staff the cause(a) and m	Balti plratory srres  NAUTOPSY RMED?  Z NO  INJURY OCCUI	24b. W AM CC ON 1	Approximinterval B Onset snot Interval B Ons
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or iMMEDIATE CAUSE (I disease or condition resulting in deeth)  Sequentisily list condition if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in desth) Li  PART II. Other signification in the condition of the	D TO MEDICAL  Pending Investigate  Could not detarmined  ERTIFYING PHEDICAL EXAM	B. ACQUIF DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONSE  O (OR AS A C	NO DE COUENCE OF COUNCE OF COUENCE OF COUENCE OF COUENCE OF COUNCE OF COUENCE OF COUN	OTHER: 4   Nursil E OF   2   URY   M   street, factor	26. PL : ing Normal ing Vory, office	ACE OF DEATH AT RES 2 1 1 and place, at eath occurred	ROME  In In Pa  In In Pa  2  2  d due to	E (AIDS)  Art I. 24a. WAS A PERFC  1 YES  conly one)  Other (Specify)  Bd. DESCRIBE NOW  St. LOCATION (Stree-City or Town, State the cause(a) and mane, data and place, a	NAUTOPSY RIMED?  INJURY OCCUI  and Number or	24b. W AM CC OI 1 RED	Approximinterval Bionast and Consett and C



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DIVISION OF VITAL RECORDS, P.O.	1
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

IIEM2:	9a&b, PER F.H. 23 PART I, PER MEO FILM G-704 10/13/93 t.t	93	2059
1 - STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE		

	REGISTRAR			JERIH	ICATE (	OF D	EATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)  Elsworth R  4. SOCIAL SECURITY NUMBER	OY 5. SEX	BY	yan				7 1	3	YEAR 93	3. TIME OF DEATH
		1 XM 2 F	AGE (In yrs.	,,	MONTHS DA		F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	IPLACE (State or Foreign y)
	218-44-9599		46	YRS.				5/3/194	7	BAL	TIMORE, MD.
~	9a. FACILITY NAME (If not institution, give st				9b. CITY, TO	WN OR L	OCATION OF DEA	ATH	9c. COL	UNTY OF D	EATH
DIRECTOR	JOSEPH RITCHIE HOSPIC	CE			BALT	IMOR	E				
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY										
2	227.5				, TOWN OR L		•				10d. INSIDE CITY LIMITS?
	MARYLAND			BA	LTIMOF	(E					1 YES 2 NO
₹ I	10e. STREET AND NUMBER					10f. ZI	P CODE		10g. CIT	FIZEN OF W	VHAT COUNTRY?
<b>5</b>	1826 WALBROOK AV	Ε,				212	17		USA	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. WAS	DECEN	DENT OF HISPANIC	C ORIGIN? (Specify Ye	a or No-	14. RACE	- American Indian,
BY F	1 Never Married 2 Married	IF YES, GIVE WAI	OR DATES	NO	If ye	s, specif	y Cuban, Mexican, X NO Specify:	Puerto Rican, etc.)		Black Specif	c, White, etc.
	3 Widowed 4 Divorced	1966- 1	972							AFR	
	15. DECEOENT'S EDUC (Specify only highest grade	ATION completed)	16a. I	DECEOENT'S (Give kind of w	USUAL OCCU	PATION	t under	16b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT us	e retired.)	y most o	working				
를	12										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16	. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)		
BE	LEVIN BRY	AN					IZETTA	BRYAN			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str			oute Number, City or Tox	n. State. Zi	in Code)	
임	LEVIN BRYAN							LTIMORE,			21217
	20a, METHOD OF DISPOSITION		20b. PLAC	E AND DATE O	-					- City or Tox	
	1 Donation 5 Other (Specify)	rval from State	CARE	rematory or oth	FOR FST	CF	метеру7	/16/93 OW	TNCS	MTTT	MD
	21. SIGNATURS-ON EUNERAL SERVICE LIC	ENSEE 7	T OMM	CIDON			ADDRESS OF FACI		INGO	TILLI	, III.
	· +0: 11	00 /	-A-	-	EST	EP.	BROTHER	S FUNERA1	SEV.	. P.A	
	- Hoery	11 0	elles		130	0 E	UTAW PLA	ACE, BALT	IMORE	E, MD	. 21217
	23. PART I. Enter the diseases, or c shock, or beart failure. I	omplications that cause	aused the o	death. Do n ne.	ot enter the	mode	of dying, such	as cerdlec or resp	iratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel										Onset and Death
-1	diseese or condition resulting in death)	RESPIRA	TORY AR	REST							MINUTES
		OUE TO (O	R AS A CONS	EOUENCE OF	):						
Z	Sequentially list conditions,	CARCINO	1 1 1 1 1	RYNE						*	7 mos
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUIS-10 (0	R AS A CONS	EQUENCE OF	): _/	.40	1				1
2	CAUSE (Disease or Injury	7	11161	EQUENCE OF	771	170	hadra.				-19-11-11-C
ËI	that initiated events resulting in death) LAST	C 2 10 (0	R AS A CONS	EQUENCE OF	2	12.00	o 6				•
CERTIFICATION	d	Care	nom	9	- Hay	44	1.				-times.
	PART II. Other significent conditions	contributing to de	ath but not	resulting la	n the under	vina ce	use given in P	art I. 24a. WAS AN	VPROTILLA	24b	WERE AUTOPSY FINDINGS
DICAL						,		PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE
								1 YES 2	□ NO		OF DEATH?
Σ								_			1 TYES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: ME	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE	OF DEATH (Chec	k only one)	1/	,	
≥ I	1 VES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 E				_	Residence 6	Other (Specify)	14-05	pick	٥-
	1 Natural 5 Pending	28s. OATE OF IN (Month, Day,		28b. TIME INJU	JRY	. INJURY WORK?		28d. OEŞCRIBE HOW I	NJURY OF	CURED	
┢	2 Accident Investigation						2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF I building, etc	NJURY — At I (Specify)	home, tarm, at	reet, factory,	office	1	281. LOCATION (Street a City or Town, State)	and Number	r or Rural R	loute Number,
COMPLETED											
ᆲ	29a. CERTIFIER (Check only	IAN: To the best of my	knowledge, o	death occurre	d at the time,	date and	place, and due to	the cause(a) and mai	nner ea sta	ited.	
8	one) 2 MEDICAL EXAMINER	: On the beele of exam	nination and/o	r investigation	, in my opinio	n, death	occured at the th	me, date and place, ar	d dua to ti	he cause(e)	end manner as stated.
S W	295 SIGNATURE AND TITLE OF CERTIFIER	)	^			29	c. LICENSE NUMB	ER	29d, DAT	E SIGNED	(Month, Day, Year)
m	Coleel Heads	sull d	ecs)			1	008900	0		7-13	2-93
٩	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (LT	EM 27) (Type,	Print)		- /				. 1
	Kobart Cie	LVW14	M)	) 8	28 M	1.	6 ulai	WSY 1	500 1	Loul	1821301
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		-		7	-	7		
$\coprod$	JUL 1 6 1993 4	Ma Davidson	Manda	2							
1											



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN		90	2009
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
MARIE A		BRO	CKSC	HMI	DT		-01	MONT		14	93	4:24 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	at birthday)	IF UNDE	T	IF UNDER			OF BIRTH		8. BIRTH	PLACE (State or Foreign
219-14-0018	1 🗆 M 2 🖾 F	68	YRS.	MONTHS	DAYS	Hours	MIN.	12-	26-192	4	Balt	imore, Md
Se. FACILITY NAME (If not institution, give	street and number)			96. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	
GOOD SAMARITA	N HOSPI	TAL		BA	LTI	MORE	; C	TTY			N/A	
IOa. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY
Maryland N.	/A		Ba	1+ir	more	City	7					LIMITS?
10e. STREET AND NUMBER			1		-	ZIP COD				10a CIT	IZEN OF V	VHAT COUNTRY?
4212 Powell Avenu	10				-	21206					5.A.	
II. MARITAL STATUS		IT EVER IN U.S. AF	MAED	140								
Married 2 Married	FORCES? 1	YES 2X		13.	If yes, sp	ecify Cubs	n, Maxica	n, Puerto	N? (Specify Ye Rican, etc.)	s or No-	14. RACI	E — American Indian, k, Whita, atc.
Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES			1 TYES	2 X NO	Specify	<i>/</i> :			Whit	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S Sive kind of v	USUAL C	during me	ON ast of worldi	na	160	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)			The same				.,			
12th Grade		AC	count	ant				G	lbson	PLumb	oing	Company
7. father's name (First, Middle, Leet) Frank Joseph Her:	zig, Sr.								Middle, Melder atkaus			
9a. INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRES	S (Street a	nd Numbe	or Rural f	Route Nun	aber, City or Tox	vn. State. Zie	o Code)	
William Charles 1	Brockschn	nidt 4	212 E	Powe:	11 A	venue	e, Ba	alti	more,	Mary]	Land	21206
tos. METHOD OF DISPOSITION   X  Burisl 2 □ Cremetion 3 □ Rerr    □ Donation 5 □ Other (Specily)	oval from State	20b. PLACE cemetery, cri	AND DATE (	OF DISPO	SITION (Ne	me of		DAT	TE 20c. LC	CATION -	City or To	wn, State
1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	- Park	wood			ND ADDRE	99 OF FAI		16 Dal	נטונטו	re, r	Maryland
· Kathle	~ m.	Mun	Low	Jo	ohn (	C. M:	ille	c, I		more.	Max	ryland 212
23. PART I. Enter the diseases, pr enock, or heart failure.	complications the	it caused the di use on each line	netty Do r									Approximata Interval Between
IMMEDIATE CAUSE (Finel disease or condition	ATTI	-0-0-			0		2. 15	00		2.0		Onset and Da
resulting in death)	171 H	Trosci	E16	TIC	4	21U)	OVE	3500	upp	DIZA	DSK	
	DUE TO	(OR AS A CONSE	OUENCE O	F):								
Sequentially list conditions,	b											
f any, leading to immediate	DUE 10	(OR AS A CONSE	OUENCE OF	F):								
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO	(DR AS A CONSE	DUENCE OF	F):								
resulting in death) LAST	d											
PART II. Other eignificent condition	as contribution to	death but not	reculting !	la the u	adadula.		oluma la	Dort I	24a, WAS AI	LAUPPORAV		
	- contributing to	death bot not	resoluting !	iii (iia G	iiuei iyiti	g couse ;	Aiseil III	rait i.	PERFO	RMED?	240	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
									1 YES	2 🗌 NO		OF DEATH?
									Horno	140	,	1 TYES 2 NO
									10 12	DN	7	
S. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only o	ne)			
EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient	DOA	OTHE		e 8 - B	esidence	6 Oth	et (Specify)			
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	_	28c. IN.	URY AT		_	SCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, L	Day, Ybar)		М	1 🗆	YES 2	] NO					
3 Suicide 6 Could not be	26s. PLACE (	OF INJURY - At he atc. (Specify)	ome, farm, i	street, fac	tory, offic	•			CATION (Street		r or Rural I	Route Number,

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and

CAUSE OF DEATH (ITEM 27) (Type, Print)

29c, LICENSE NUMBER

O.C.M.E

Penn Street, Baltimore,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pel be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

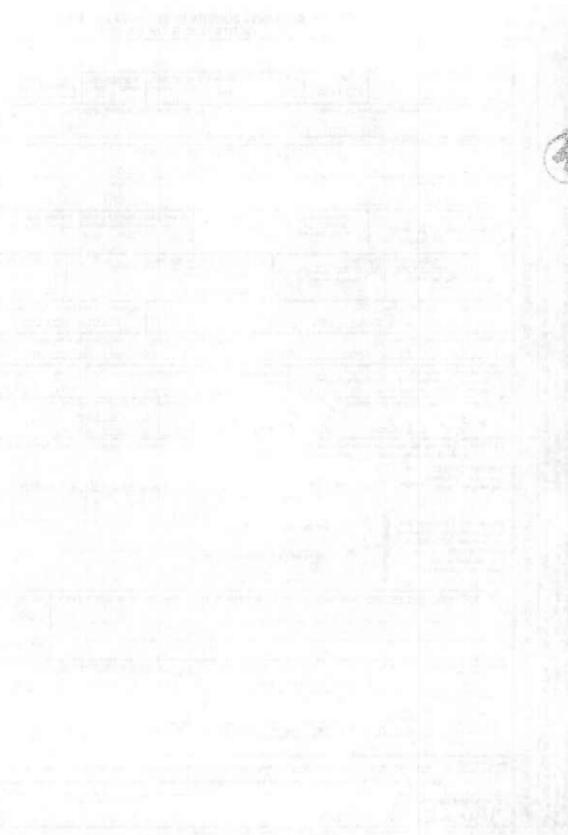
MARGARION 32. REGISTRAR'S SIGNATURE 6 1993

KOREL

21201

29d. DATE SIGNED (Month, Day, Year) 07/14/1993

Maryland



			1 - STATE REGISTRAR	STATE OF MARTIE	CERTIF	ICATE OF	DEATH	MENIAL HYGIEI REG. NO		
0		8	1. DECEDENT'S NAME (First, Middle, Last)	Kenrick (as	sady Ir.			2. DATE OF DEATH	DAY 93 YE	3. TIME OF DEATH 12:10 A. M
			4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
٠	P		218-12-2588		8/ YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	11	Country) Mda
4	should	DIRECTOR	90. FACILITY NAME (II not institution, give Francis Scott Ke	y Medical Cer	rter		timore	EATH	9c. COUNTY	OF DEATH
	<b>(</b>	REC	10s. STATE 10b. COUNT	Y		Y, TOWN OR LOCAT				10d. INSIDE CITY
•	7		Md.  10e. STREET AND NUMBER			Baltimori				1 YES 2 NO
	physician. burkal-transit pe	FUNERAL	1024 South Bould				21224		Uas	S.A.
5-0020	the the	B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	ecify Cuben, Mexica 2 ZNO Specif	NIC ORIGIN? (Specify Youn, Puerto Rican, atc.) fy:	Control of the Control	RACE — American Indian, Black, Whita, stc. Specify: White
1215	use as	ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	USUAL OCCUPATION Work done during more retired.)	ON ist of working	16b. KIND OF BU	USINESS/INDUST	
4D 21	detached for once.	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Painte	r -Paper	Hanger			
MARYLAND	> % #	BE CO	17. FATHER'S NAME (First, Middle, Last)  John Kenrick (	assady Sr.			18. MOTHER'S NA	Me (First, Middle, Meide Mackin	n Sumame)	
MAF	e 5 should be notified at	10	John K. (assady	3rd.	196. MAILING 53 Gav	ADDRESS (Stroot a	nd Number or Aural 2e Road (	Route Number, City or To	wn, State, Zip Coo	21228
JRE,	ector, page		20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Ram	oval from Stata 201	D. PLACE AND DATE	OF DISPOSITION (Na	ime of	DATE 20c. L	OCATION — City	or Town, Stata
ALTIMOR	direct m		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE	netery, cremetony jor of a Cred Hea				Dundal	
BALT	arier beam. Fage o may be by the funeral director, page moval.  Ical examiner must be		► Chale	life the	er	Char	les S.Ze	iler & Son	Inc.	901 S. Jonkling St.
	filled in by the lon, or removal he medical or			complications that cause List only one cause on a	d the desth. Do reach line.	not anter tha mo	da of dying, suc	h as cardiac or resp	olratory screet,	Approximata Interval Between
	fille flon,		IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Intracer	rebral	heman	Mare			Onset and Death
68760,	5 5 - 6		resulting in ugatil)	DUE TO (OR AS /	A CONSEQUENCE OF	F):	ord -			10275
	and pur	CATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS /	A CONSEQUENCE OF	F):				
.O. BC	physiciar ne prior	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c DUE TO (OR AS /	A CONSEQUENCE OF	FI:				
P.O		CERTIFIC	resulting in death) LAST	d						
RDS,	Me the		PART II. Other significant condition	s contributing to death b	out not resulting	in the underlying	causa given in			24b. WERE AUTOPSY FINDINGS
0 :	gned bealth an	EDICAL						PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
REC	been signed I pt. of Health a 3 shows any	Σ								1 _ YES 2 _ NO
VITAL	ficate has be State Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
I A	certificate has the State Dep 1, or Item 23	HYSICI	1 VES 2 NO  27. MANNER OF DEATH	1   Inpatient 2   ER/Outp				8 Other (Specify)		
NOF	fter this c eath with marked,	Y PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIM	URY WO	URY AT RK? 'ES 2 \Begin{align*} NO	28d. DESCRIBE HOW	INJURY OCCURE	łD
DIVISION OF VITAL REC	DIRECTOR: After thours after death	TED B	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Spec	/ — Al home, farm, s	street, factory, office		281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
0 8	Ted Tour	PLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, daath occurre	ed at the time, data	and place, and due	to the cause(s) and ma	inner as stated.	
THE LOCOITA	FUNERAL WITHIN 72	COMP	2 MEDICAL EXAMINE	R: On the basis of examination						use(s) and manner as stated.
7.70	TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIED	M	n		29c. LICENSE NUN		29d. DATE SIG	GNED (Month, Day, Year)
F	-0=	5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	170	, 0	1 4/1	7 -
			31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
•		8	, .111 1 6 1993	wie Deviden	Andreas.					

A ...

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

7		it permit. Pages 1, 2, 3 should			
	TO THE HUSPITAL URALIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		
- 1	1. DECEDENT'S NAME (First, Middle, Last)		an a			2. DATE OF DEATH	~ ~	3. TIME OF DEATN
		Ruth		TEAU		<b>М</b> ОНТН 1 <sup>2</sup> .	3 9.	5 <sup>M</sup> 11:50 AM M
	4. SOCIAL SECURITY NUMBER 571-07-7637	5. SEX 6. AGE	(In yrs. last birthday) IF I	THE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) Sept. 11,		BIRTHPLACE (State or Foreign Country) WISCONSIN
	9e. FACILITY NAME (If not institution, give :	· ·			R LOCATION OF DE	ATH	9c. COUNTY	
СТОВ	NORTH ARUNDEL HO		CIATION	GLEN	BURNIE		A	.A. COUNTY
DIRECTOR	Maryland Anne	Arundel		www.or.locati Burnie				10d. INSIDE CITY LIMITS?  1  YES 2 NO
AL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	7847 Americana (	ircle, apt.	T-3	2	1060		United	d States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 1 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 💢 NO	If yes, spe	ENDENT OF HISPAN Helfy Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
G	15. DECEDENT'S EDU (Specify only highest grade	ICATION .	16a. DECEDENT'S USU/ (Give kind of work of	AL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Factory W	red.)	it or wonung	Shoe Fa	actory	
Ö	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Melden	Sumeme)	
BE (	George Fuller					ra Coquile		
5	190. INFORMANT'S NAME (Type/Print) Geraldine F. Dur	ant				Severn, N		
	20e. METHOD OF DISPOSITION  1	oval from State Can	PLACE AND DATE OF DIS netery, crematory or other p Len Haven	SPOSITION (Nan	ne of	DATE 20c. LO	CATION City	or Town, State
1	21. SIGNATURE OF FUNCHAL SERVICE LI			22. NAME AN	D ADDRESS OF FA	CILITY		ite, Maryland
	16 Her O.	lins,		Kirkle 421 Cra	y-Ruddic ain Hwy.	k Funeral, S.E. Gle	Home n Burn	nie, MD 21061
	IMMEDIATE CAUSE (Finel	complications that cause List only one cause on a	ach ilne.				retory arreat	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):					
빙		d						
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	a contributing to deeth b	out not resulting in th	e underlyIng	cause given in	Pert i. 24a. WAS AN PERFOF	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
ä								
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLA	ACE OF DEATH (Chi	ick only one)		
₹	1 YES 2 AND 27. MANNER OF DEATH	1 Diffipationt 2 DER/Outs 28e. DATE OF INJURY				6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOR		28d. DESCRIBE HOW I	NJURY OCCUR	ED
B	2 Accident Investigation 3 Suicide 8 Could not be	26a, PLACE OF INJURY	Al home, farm, street,		ES Z NO	281, LOCATION (Street o	and Mumber or I	Print Pouls Number
ETED	4 Nomicide determined	building, etc. (Spe.	cify)			City or Town, State)	ind Namoer or I	nurar noute Number,
COMPLETED		ICIAN: To the best of my know ER: On the beste of examination						ouse(e) end menner es stated.
BEC	29h. SIGNATURE AND TITLE OF CERTIFIE	- 6	2		29c. LICENSE NUN	IBER	29d. DATE SI	GNED (Month, Day, Year)
10	y m	~ /h			2195	12	1 1-	- 13-93
	SANG C. DOH, M.	D. /1600 CRAI	N HIGHWAY,	SW/GL	EN BURNI	E, MARYLAN	ND 2106	61
5	JUL 16 1993	72. REGISTBAR'S SIGN	ATURE - Jondan					

Laron Locke

JUL 16 1993

ITEMS: 23 PART I, II, 27, PER MEO G-701 7/29/93

	1. DECEDENT'S NAME (First, Middle, La	nt)			DEATH	REG. NO		3. TIME OF DEATH
	Donald	Oscar		Clark		0.7 1.3	AY YE.	
	4. SOCIAL SECURITY NUMBER		E (in yrs. leat birthday		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0. 8	BIRTHPLACE (State or Forel
71	215-52-3348	1 D M 2 D F	43 YRS.			4-19-50	R	alto Marvl
NC.	66. FACILITY NAME (If not inetitution, gh			Baltin	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
5	221 S. Dallas RESIDENCE OF DECEDENT 100. STATE 100. COU		100.0	TTY, TOWN OR LOC				Tankanana ama
DIRECTOR	Maryland		100.0	TIT, TOWN ON LOC	Balti	more		10d. INSIDE CITY LIMITS?  11/2 YES 2 1 NO
AL	10s. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	221 S. Dallas C				212			S.A.
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	S 2 NO	If yes, s	ECENDENT OF HISPA specify Cuban, Maxico is 2 NO Specif	NIC ORIOIN? (Specify Yes, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, atc. SpecifyBlack
Œ	16. DECEDENT'S E (Specify only highest gr			'S USUAL OCCUPAT		16b. KIND OF SU	SINESS/INDUST	RY
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)		100		
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Gleton Willi	ams		18. MOTHER'S NA	AME (First, Middle, Melden		ae Harris
TO BE	190. INFORMANT'S NAME (Pro-Print)	ae Harris	19b. MAILIF 6508	B Eberle	and Number or Rural Dr. Apt	Route Number, City or Tow 203 Ba 1	to. Md.	
	20a, METHOD OF DISPOSITION 1 🖄 Burisi 2 🗆 Cremation 3 🗆 R 4 🗆 Donation 8 🗆 Other (Specify)	emoval from State	0b. PLACE AND DAT emetery, cremetory of	EOF DISPOSITION (	Name of Cemeter	y 7-17 B	cation - city	or Town, State Maryland
	21. SIONATURE OF FUNERAL SERVICE				AND ADDRESS OF FA			
	Baken A	Be		Fune	ral Home	1206 W N	lorth A	own Communi ve. Balto.
	23. PART I. Enter the diseases, of ahook, or heart fallul IMMEDIATE CAUSE (Final disease or condition	or complications that cause re. List only one cause on	ed the death. Do each line.	not anter the m	ode of dying, suc			Approximate Interval Bets
		EATTVIII	VED					Onset end L
	resulting in death)	DUE TO (OR AS	V E R B A CONSEQUENCE	OF):				Onset end t
ATION		DUE TO (OR AS						Onset and t
TIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):				Onset and I
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE	OF):				
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  lone contributing to death	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  but not resulting	OF): OF):	-	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  C H R O N I C U S E	DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  d.  OF NARCOT	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  but not resulting	OF):  OF):  g in the underlyi  C O C A I I	-	PERFOI	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit C H R O N I C U S E  26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (X YES 2 \( \) NO	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  OR AS  N ARCOT	A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  I C S A N D	OF):  OF):  G in the underlyi  C 0 C A I i	V E	YES :	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit CHRONICUSE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  lone contributing to death  OF NARCOT  HOSPITAL:	A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  I C S A N D	OF):  OF):  G in the underlyi  C O C A I i  26.  OTHER: 4   Nursing He  IME OF   28c. II  NURY   28c. II	PLACE OF DEATH (C)	YES :	RMED? 2   NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit C H R O N I C U S E  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (X VES 2   NO)  27. MANNER OF DEATH	DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  C A CONSEQ	OF):  OF):  G In the underly!  C O C A I I  OTHER: 4   Nursing He  UME OF 28c, II  NURY M 1	PLACE OF DEATH (C/r mma 6 \( \times \) Residence NJURY AT ORKY YES 2 \( \times \) NO	PERFOI YES :	INJURY OCCURE	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  C H R O N I C U S E  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 X Vistural 8 Pending Investigation 3 Suicide 6 Could not determined  29a. CERTIFIER 1 CERTIFYINO PH	DUE TO (OR AS  b.  DUE TO (OR AS  c.  DUE TO (OR AS  d.  Iona contributing to death  OF NARCOT  HOSPITAL:  1   Inputant 2   ER/OV  28e. DATE OF INJUR  (Month, Day, Year,  be 28e. PLACE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR  AND TO THE DEST OF THE PLACE OF T	S A CONSEQUENCE  S A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  Dut not resulting  I C S A N D  A N D  A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  Dut not resulting  I C S A N D  A N D  A CONSEQUENCE  B A CONSEQUENCE	OF):  OF):  G in the underly!  C O C A I N  26.  OTHER: 4   Nursing He NJURY M 1   1, street, factory, off	PLACE OF DEATH (C)  THE STATE OF THE STATE O	PERFOI YES :  Other (Specify)  26d. DESCRISE HOW  28f. LOCATION (Street City or Town, State,	INJURY OCCURE	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  ED
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  C H R O N I C U S E  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 X Vistural 8 Pending Investigation 3 Suicide 6 Could not determined  29a. CERTIFIER 1 CERTIFYINO PH	DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR A	S A CONSEQUENCE  S A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  Dut not resulting  I C S A N D  A N D  A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  Dut not resulting  I C S A N D  A N D  A CONSEQUENCE  B A CONSEQUENCE	OF):  OF):  G in the underly!  C O C A I N  26.  OTHER: 4   Nursing He NJURY M 1   1, street, factory, off	PLACE OF DEATH (C)  THE STATE OF THE STATE O	PERFOI YES :  Other (Specify)  2ed. DESCRISE HOW  281. LOCATION (Street City or Town, Stele) s to the cause(s) and ma	INJURY OCCURE  and Number or A  inner se stated.  and due to the ce	24b. WERE AUTOPSY FINI MARLABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO ED

MD. 1:1 Penn Street. Baltimore. Maryland
32 MEGISTRAR'S SIGNATURE

Julia Banden Ruddel

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	R: After this	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
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	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH		IYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) NANCY	. CRUME	BLISS			2. DATE OF MONTH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212 42 8397	1 🗌 M 2 🔀 F	GE (In yrs. last birthday) 50 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF		Count	NPLACE (State or Foreign 77) ryland
TOR	96. FACILITY NAME (If not institution, give st North Arundel RESIDENCE OF DECEDENT	,		Glen B	r LOCATION OF DI	EATN		nne A	rundel
DIRECTOR	10e. STATE 10b. COUNTY	e Arundel		en Burn					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🛱 NO
FUNERAL	100. STREET AND NUMBER  334 Highland Dr	ive Apt.	102	101	21061		10g.	U.S.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XNO	If yes, sp	ENDENT OF NISPAI ecity Cuban, Maxica 2 X NO Specif	in, Puerto Ricai	pecify Yea or No n, atc.)	14, RACI Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +) Years	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo.	N st of working		orth Ar		Hospital
BE COM	17. FATHER'S NAME (First, Middle, Last)	lton Washi	ngton Lang	ley	18. MOTNER'S NA	ME (First, Middl		10)	-
10 B	19a. INFORMANT'S NAME (Type/Print)  David Hankins				nd Number or Aurel ut Court				and 21122
	20s. METHOD OF DISPOSITION 1	val from Stata	20b. PLACE AND DATE Of COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMMENTS OF COMME	matory,	Inc.			ore, l	Maryland
	21. SIGNATURE OF PUNERAL SERVICE LICE	nsee 1 Zvanir	ozerki	_	e J. Gor Ritchie				A. Id. 21225
	23. PART I. Enter the diseases, or constant shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Clu	sed the deeth. Do not neach line.		de of dying, suc	h as cardlec	or respiratory	arrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF						
A I	PART II. Other significent conditions	contributing to deat	h but not resulting l	the underlying	ceuse given in		PERFORMED?		. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATN (Ch	ack only one)			
HYS!	1  YES 2 NO	1 Inputient 2 ER/C			5 Reeldence		ecity) BE HOW INJURY	00011050	
à	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	ir) inje	M 1 Y	RK? ES 2 NO				
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (S	JRY — At home, tarm, st Specify)	reet, factory, office			N (Street and Nun wn, Stale)	nber of Rural F	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of my kr							) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	M			29c. LICENSE NUN	MBER	29d.	DATE SIGNED	Morry Day, Year)
4	30. NAME AND ADDRESS OF PERSON WHO DOCTOR Ira		DEATN (ITEM 27) (Type, 7845 Oak		nd Su	ite 200	) Glen	Burni	ie, Md. 2106
3	31. DATE FILED (Month, Day, Year)	Julia Davida							,



BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

the State Dank of Health and Mental Hymiene prior to harial cremation or removal
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JWR									g	3	20596
FOR STATE REGISTRAR	STATE OF	MARYLAND C		TMENT OF			MENTA	L HYGIEN	E		20030
1. DECEDENT'S NAME (First, Middle, La	net)							OF DEATH	AY	YEAR	3. TIME OF DEATH
WILLIAM	ST	EVEN	CI	ERLAN			MONT 7	12		993	3:47 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH		8. BIRT Coun	HPLACE (State or Foreign try)
163-40-2300	1 € M 2 □ F	35	YRS.					31758			ennsylvania
90. FACILITY NAME (If not institution, go SOYBEAN FI		EY ROA		9b. CITY, TOWN		ION OF D ERL				ORCI	ESTER
RESIDENCE OF DECEDENT											0.0 2 2511
PA • 10b. COU	Allegheny			Y, TOWN OR LOC Pittsbur							10d. INSIDE CITY LIMITS?  1 XX YES 2 NO
10e. STREET AND NUMBER					of. ZIP COD				10g. CI1	TIZEN OF	WHAT COUNTRY?
526 Dunster St	reet				1522	26				USA	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 A MAR OR DATES	RMED NO	If yes,	CENDENT ( pocity Cubi	en, Mexic	an, Puerto	N? (Specify Ye: Rican, atc.)	e or No—	14. RAC Blac Spec	E — American Indien, ck, White, etc. city: white
15. DECEDENT'S (Specify only highest g		16a. D	ECEDENT'S	USUAL OCCUPAT	ION	na	168	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	4)	e. Do NOT us	e retired.)				Local	2235		
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S N	AME (First,	Middle, Maiden	Sumame)		
William Cerla	n				Loz	rrai	ne Ra	ainere			71
19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street							
Lorraine Cerla			2889	Highri	dge ]	Dr.,	Pit				15226
20e. METHOD OF DISPOSITION  1 Burial 2 Cremiation 3 F  4 Denation 5 Other (Specify)	lemoval from State			of disposition (a ther place)  Mount			77				own, State Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				NO ADDRE						7.00
► /1/60 1/6	/							meral			
23. PART I. Enter the diseeses	or complications the	at caused the c	eath Dor	15095	Main	St.	ELI	cridge	Md	2	1227
shock/or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a	O (OR AS A CONS	Fol	e I	N		r	uiec oi 166p	matory an	,	Interval Betweer Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONS	EOUENCE OF	F):							
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	(OR AS A CONS	EOUENCE OI	F):							
PART II. Other aignificent condi	tions contributing to	death but not	resulting	in the underlyi	ng cause	given in	Part I.	24a. WAS AN PERFOI 1. YES	RMED?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICA				26.	PLACE OF E	DEATH (C	heck only o	ne)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:					BER	LIN.	MARYLAND
27. MANNER OF DEATH	28a, DATE O	FINJURY	28b. TIM	E OF 28c. II	JURY AT			SCRIBE HOW	YBE	- 11 A	CLELD -
1 Natural 5 Pending	7 (Month, )	199	3:		YES 2	NO		PLAN	E C	RASH	I

28e. PLACE OF INJURY — building, etc. (Specify) SOYBEAN 281. LOCATION (Street and Number or Rurel Route Number.
City or Town, State)
BERLIN, WORCESTER COUNTY 4 Homicide FIELD AT CAREY ROAD 29e. CERTIFIER

29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

Penn Street, Baltimore, Maryland 21201

OCME

DHMH-18 Rev 1/89

1993

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65551	of the desired in the state of	Lorredta declar
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1287	e de la companya del companya de la companya del companya de la co	
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		Mills and the Country of the
		the Alberta March of Parties

93 20597

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 3	1. DECEDENT'S NAME (First, Middle, Les TAK LE	ung Chu	INC				2. DATE MONTH	OF DEATH		EAR	TIME OF D	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I	nat hirthrims m	UNDER 1 YEAR	R IF UNDER 24 HRS.	7 7 DATE	4 OF BIRTH	1993		CE (State o	_
	084-70-2663	1 M 2 - F	31		NITHS DAY		(Mont)	Day, Year)		Country)	ina	rror
CIOR	99. FACILITY NAME (# not institution, given SHOCK TRA			91		LTIMORE		Z	9c. COUNTY	OF DEAT	Н	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COU	NTV		100 CITY T	OWN OR LO	CATION				1 40	4 INDIDE	NITT N
DIRE	N. Y. King				oklyn			100	T-blo		d. INSIDE ( IMITS? YES 2	
FUNERAL	136 Chester At	venue				101. ZIP CODE 1121	18		10g. CITIZEN	Chi:		r?
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	IRMED NO	If yes,	DECENDENT OF HISPA , specify Cuban, Mexic /ES 2 NO Spec	can, Puerto i		ps or No— 14.	Specify:	American initia, aic.	
3	15. DECEDENT'S El (Specify only highest gra		1	DECEDENT'S US	done durina		16b	KIND OF BU	USINESS/INDUS	TRY		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	"	es taura	etired.)							
3	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N						
RE	Yao Doy Chun  19a. INFORMANT'S NAME (Type/Print)						obtai		4			
2	Tak Ming Chung		1			Avenue,					11218	
	20a, METHOD OF DISPOSITION			EANDDATEOF	DISPOSITION		DAT	20c. L	OCATION — City			
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other(Specify)	amoval from Stata	cemetery, c	remstory or other	place)	emetery	7/2		ooklyn			ele.
	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Finel	re. List only one ceus	coused the die on each lin	10.	569 enter the		ch as card	kride	piratory erreel	21:	227 Approximaterva	l Be
11	ahock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Guns  DUE TO (c. DUE TO (c. d.	coulded the company of the company o	EOUENCE OF):	569 enter the r	5 Main St mode of dylng, au	ich as care	krida lac or ree Pel	re, Md.  Piratory erreet	21:	Approprinterval Onset	end
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D BY PHYSICIAN: MEDICAL	ahock, or heeft failur  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions EXAMINER?  1 Natural 5 Pending Investigation 27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not 1 4 Memicide 6 Could not 1 4 Memicide 1 CERTIFYING PN (Check only) 1 CERTIFYING PN	a	ceuded the ce on each life chof Con As A CONS OR AS A CONS OR AS A CONS OR AS A CONS Geeth but not ER/Outpetient NJURY (; 'ben') INJURY — All int. (Specify)	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  Tresulting in 1  28b. TIME O INJUR  home, farm, streen	the underly  26. THER: Nursing H  Nursing H  of, sectory, or	Main St mode of dying, au Head  Head  ying ceuse given is  PLACE OF DEATH (C  tome 5   Residence  INJURY AT  WORK?  YES 2   NO  wiffice	n Part I.  Check only one  281. LOC  City  us to the case  is ime, data	24a. WAS A PERFC  (Specify)  CRIBE HOW  ATION (Street) State  See(a) and m.	N AUTOPSY PRIMED?  INJURY OCCUR  I and Number or enner as stated.	24b. WE AM COP 1 !	Approvinterva Oneet  PRE AUTOPS AILABLE PR MMPLETION DEATH?  YES 2  White Province P	end strain and strain

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	5695 John Ph., Maridge, A.	

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93 20599 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY July 12, YEAR Corchado 1993 5:34pm Olivia 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 TF 6-23-20 ME 217-14-6018 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Maryland General Hospital funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md YES 2 NO **Baltimore** BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Belvedere

12. WAS DECEDENT EVER IN U.S. AMED

SOBORES? 1 | YES 2 | NO 2525 TAT IISA 21217 urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yie, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1. Never Married 2 - Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced Mex COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) UNK UNK notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 Lizzie Liton Park Ave.Baltimore, Md. 21201 861 pe 20s. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must 4 Donation 5 Other (Specify) Mt.Calvary Cem 7-16-93 Ann Anrundel, Md. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 638N.Gilmor St.21217 n signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. 23 PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallura. Let only one cause on each line.

CARDIORULMONARY intarvai Between Y ARREST DUR TO SAPS IS LAND DEGUBITI ULCER IMMEDIATE CAUSE (Final Onset and Death the disease or condition Cardiopul THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event. DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): ected deculitus ulcer Sepsis and CERTIFICATION Sequentially list conditions, Diabetes Wellitus if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Diabetes Mellitus other 1 OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO s certificate has been sight the State Dept. of He 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ng Nome 5 🗆 Rasidence 8 🗀 Other (Specily) ERAL DIRECTOR: After this cert in 72 hours after death with the F: It item 28 is marked, o 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 🔀 Natural 5 Pending 1 YES 2 NO B 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, streel, factory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only 1 😾 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. THE FUNERAL ( 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the lime, date end place, and due to the cause(s) and manner as stated MPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Mo Chano. · MD 12 ► A 0 5 5 3 n/a 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Chang Myo c/o Maryland General Hospital 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

or attending physician. use as the burial-transit permit. Pages 1, 2, 3 mould urs after death. Page 6 may be retained by the hospital or attending physician. jour detached director, page 5 should be n by the funeral c removal. filled in by 6 attending physician and completely fille mal Hygiene prior to burial, cremation, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the atten n signed by the Health and h

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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30. NAME AND ADD

31. DATE FILED (Month, Day, Year)

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Once. F notified pe must examiner medical the event. traumatic other 6 s been signed by the attention of Health and Mental I Dept. h the State D. this c marked. After ti E FUNERAL DIRECTOR: At d within 72 hours after de RTANT: It Item 28 Is I 49 TO THE FUNERAL C be filed within 72 h IMPORTANT: It It

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH July 12, YEAR Corchado Olivia 1993 5:34pm 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6 - 23 - 20 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign MONTHS DAYE HOURS 1 - M 2 - F 217-14-6018 ME 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Md Baltimore FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2525 W Belvedere IJSA 21217 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married It yes, specify Cuban, Maxican, Pu 1 XYES 2 NO Specify: BY IF YES, GIVE WAR OR DATES Specify 3 Widowed 4 Divorced Mex COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) IINK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNK UNK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lizzie Liton Park Ave.Baltimore, Md. 21201 861 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) Calvary Cem 7-16-93 Ann Anrundel, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 638N.Gilmor St.21217 Albert P 23 PART I. Enter the diseas s, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. Lat only one cause on each lina. CARDIORULMONARY ARREST DUE TO SAPSIFIAND DECUBITI ULCER interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): deculitus n ected Sepsis and CERTIFICATION Sequentially list conditions, oue to (OR AS A CONSEQUENCE OF): if any, leading to immediate Diabetes Mellitus Diabetes cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 TYES 2 TNO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 4 Nurs ing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 5 Pending investigation 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) COMPLETED 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER

(Chack ank 1) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) have, Swe 7 3 0

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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n/a

c/o Maryland General Hospital

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1. DECEDENT'S NAME (First, Middle, La						2. DATE C	DE DEATH		3. TIME OF DE	ATM
							MONTH	De	199	YEAR	
	4. SOCIAL SECURITY NUMBER 216-28-0767	5. SEX	6. AGE (In yrs. In:		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	10 F BIRTH Day, Year)		B. BIRTHPLACE (State or Country)	
~	9a. FACILITY NAME (If not institution, gi		T 03		b. CITY, TOWN	OR LOCATION OF DI		/30	9c. COUNT	MD TY OF DEATH	П
CTO	1102 DRUID		ENUE #7			ALTIMORE	E CIT	Y			
DIRECTOR	MD .	JNTY			Baltime					10d. INSIDE CI LIMITS? 1 YES 2	
FUNERAL	1102 Druid	Hill Ave.	# 71	.5	,	21201				en of what country USA	?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 WAR OR DATES	RMED HO	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES# NO Specif	in, Puarto Ri	(Specify Yer	s or No— 1	Afr. American In Black, White, etc.  Specify: Afr. Amer	
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		(G		SUAL OCCUPA rk done during r retired.)		16b.	KIND OF BU	SINESS/INDU	STRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Robert		t			18. MOTHER'S NA	ME (First, Mi sie		sumeme) bert		
10	19a. INFORMANT'S NAME (Type/Print) Shirley Tay	lor	19			n P1. Bal				Code) 2 <b>0</b> 7	
	20a. METHOD OF DISPOSITION	Removal from State	cemetery, cre	emetory or othe	DISPOSITION (		DATE			Ity or Town, State	
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	West	ern St	22. NAME	15/93 AND ADDRESS OF FA				ville, Md.	-
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	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	s. Due to	O (OR AS A CONSE	OUENCE OF):	ofic	- card	iova	xul	as à	st, Approxi Interval Onset a	Bet
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

ITEM: 23 PART I (B) PER MEO FILM G-705 11/9/93 t.t

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

93 20601

	REGISTRAR		CERTIF	ICATE OF D	EATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES E.	CARTER	. Fx	Sr.		2. DATE OF DEATH MONTH D	AY YEA		
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)		UNDER 24 HRS.	7 1.1 7. DATE OF BIRTIN	1.9	IRTHPLACE (State or Forei	
	213-05-0572	1 <b>X</b> M 2 □ F 78	YRS.	MONTHS DAYS HO	DURS MIN.	(Month, Day, Year)	15 M	ARYLAND	
	Sa. FACILITY NAME (If not institution, give a			96. CITY, TOWN OR L			9c. COUNTY C	OF DEATH	
DIRECTOR	825 UNION	N AVENUE		BALTI	MORE (	CITY			
REC	10a. STATE 10b. COUNTY	1	10c. CIT	, TOWN OR LOCATION				10d. INSIDE CITY	
	MARYLAND			BALTIMO	RE			1 N YES 2 N	
FUNERAL	10e. STREET AND NUMBER 825 UNIC	825 UNION AVENUE			2121	1	10g. CITIZEN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECEND If yes, specify 1 YES 2	Cuben, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		IACE — American Indian Black, White, etc. Specify: WHITE	
ED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION	undelner	16b. KIND OF BU	SINESS/INDUSTR	ry .	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		vork done during most of e retired.) RVISOR	Working	M- COD	MTCIZ		
MC	17. FATHER'S NAME (First, Middle, Last)		SUFE		MOTNED'S NA	McCOR			
	(UNKNC	OWN) CAR	TER	16	LOUIS		KNOWN)		
38 0	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and I		Route Number, City or Tow		)	
5	PATRICIA THORPE		825 U	NION AVEN	UE, BAI	LTIMORE, M	D. 2121	1	
	20a. METHOD OF DISPOSITION 1 Buriel 2 X Cremetion 3 Rame	oval from State cem		OF DISPOSITION (Name of			CATION — City of		
1	4 Donation 5 Other (Specify)	G	REEN MOU	NT CEMETE		13/93 BA	LTIMORE	, MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	A	41	A. ALA	N SEITZ	Z, JR. FUN	ERAL HO	ME	
	23. PART I. Enter the diseases, or o	n Deck	6/2	3818 R	OLAND A	AVENUE, BA	LTIMORE	, MD. 2121	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF		DISEASE				
띯		d							
: MEDICAL	PART ii. Other eignificent condition	s contributing to death b	ut not resulting i	n the underlying co	Puse given in	Part I, 24a, WAS AN PERFOI	MED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 12 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OF DEATH (Ch	eck only one)			
Š	XX YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	atient 3 DOA	OTHER: 4 Nursing Home 5	Residence	5 Other (Specify)			
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	25a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WORK?	AT NO	28d. DESCRIBE HOW I	NJURY OCCURE	0	
ETED B	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, office		251. LOCATION (Street City or Town, State)		ral Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CIAN: To the best of my knowl	edge, death occurre	d at the time, data and	place, and dua	to the cause(a) and me	nner as stated.	ee(a) and manner as sta	
BE C	290, SIGHATURE AND TITLE OF CERTIFIES	Andread .			c. LICENSE NUA			NED (Month, Dep. War)	
TO B	1 Just	30 CL A	W		OCME		▶7	12 1	
-	MARIO F GOLLO	JKMB 11			Balti	more, Ma	ryland	21201	
0	JUL 1 6 1993 Jul	32. REGISTRAR'S SIGNA							
W .	UUL 1 6 1993 gul	ALAKALAY OLDON POND	Alle						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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d within	(rempletely	event.
TO THE HOSPITAL OR ATTENDING PRODUCES AND ACCESS THAT THE death certificate be executed within 24 fours after death. Page 6 miny be retained by the hos	TO THE FUNERAL DIRECTOR: where the continues have been supported by the attending physician and composery liked in by the funeral director, page 5 should be detach be find within 72 hours after down with	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.
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	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF GEATH
			D	orn			July 13		L993	11: DO PM			
	4. SOCIAL SECURITY NUME 215-18-943		5. SEX	6. AGE (In yrs. les 72	t birthday) YRS.	IF UNDER	DAY8	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	7	Countr	
	9e. FACILITY NAME (If not in	stitution, give st			11107	9h CIT	TOWN	OR LOCATI	ON OF DE	Mar.20,192		MAK	YLAND
DIRECTOR	14220 Phoe					100	hoe		ON OF DE	EATH	Baltimore		
2	10e, STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
	Maryland	В	altimore	!		Phoe						LIMITS?  1 YES 2 NO	
FUNERAL	10e, STREET AND NUMBER						10	f. ZIP CODI			10g. CIT	IZEN OF V	WHAT COUNTRY?
E I	14220 Phoe	nix Ro							131			υ	JSA
	1 Never Merried 2 🗶	Merried	FORCES? 1	T EVER IN U.S. AR	MED IO		If yes, sp	ecify Cube	n, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No-	14. RACE Bleck	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divo	roed	IF YES, GIVE V	WAR OR OATES			1 🗍 YES	2 X NO	Specify	y:	i	Speci	White
COMPLETED	15. DEC (Specify only	EDENT'S EOUC	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON ost of working		16b. KIND OF BUS	INESS/INE	DUSTRY	
	Elementery/Secondary (0		Cottege (1-4 or 5	+)	Do NOT us	se retired.)		JSI OF WORKIN	·9				
MP	AT PATHERIO MANE (F)			<u> </u>	louse	wife	:			Homen		:	
	17. FATHER'S NAME (First, M									ME (First, Middle, Maiden			
B	Sherman 0.		er_	196	MAILING	ADDRES	S /Street /		_	Leola Mil] Route Number, City or Town		0-4-1	
2	Carroll M	artin	Dorn							, Phoenix,			
	20e. METHOD OF OISPOSIT	ON		20b. PLACE	ND OATE	OF OISPOS	ITION (N	ame of		0ATE 200 100	-	City or To	
	Burlel 2 Cremation Donetion 5 Other			Dulane	metory or o	ther place)	Mei	m.Gar	dens	7/16/93	Tin	oniu	ım, MD
	21. SIGNATURE OF FUNERAL	L SERVICE LICE	ENSEE 1			22.	NAME A	ND AOORES	SS OF FA	CILITY	1.1	T	
	Bryan	W. Cla	Ty COU	7						ell-Wiedefe Road, Tim	-		
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure. L	Jist only one can	se on each lina		not anter	tha mo	oda of dyi	ng, suc	has cardiac or respin	ratory an	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated avents resulting in death) LAS'	diata NG ry c	DUE 10	OR AS A CONSEC	IVENUE OF	3	XX	Le,					
7	PART II. Other significa	nt conditions	contributing to	death but not re	esulting	in the un	darlyin	g causa g	iven in			24b.	. WERE AUTOPSY FINDINGS
: MEDICAL										PERFORI	1.		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
Ž	25. WAS CASE REFERRED TO	MEDICAL					28. PI	LACE OF OI	EATH (Che	eck only one)			
Sic	1 LYES 2 NO		HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHER		10 5 DAG	sidence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIM		28c. INJ			28d. DESCRIBE HOW IN	JURY OC	CURED	
à		Pending nvestigation				M	1 🗆 '	YES 2	NO				
		Could not be letermined	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, ferm, s	street, fect	ory, offic	•		281. LOCATION (Street a: City or Town, State)	nd Number	or Rural R	oute Number,
COMPLETED										to the ceuse(e) end men			) end menner es stated.
BEC	29h. SIGNATURE AND TITLE	OF CERTIFIER	-	-				- Sec. LICE	NSE NUN	IBER	29d. DAT	E SIGNED	(Month, Day, Yeer)
<u>و</u>	Menan	101	ano	nal	Un	cla	)	12-0	23	8-3	1	7/14	493
-	30. NAME AND ADDRESS OF			•	, , ,,	,	-					1	21210
	Charles F.	O'Doni	nell, M.	D., 408	Harp	er H	ouse	e, 41	1 Ha	mlet Hill	Rd.,	Ba1	timore, MD
91	31, DATE FILED (Month, Day,	1993	32. REGISTRA	R'S SIGNATURE	AL.								

BALTIMORE, MARYLAND 21215-0020

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount and by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical assaminer must be notified at once.
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	th ce	endir	H	0
	e dea	he att	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremunon, or removal	uny,
	at th	50,00	and	y In
	es th	gned	alth	s an
	adnin	en Si	of He	how
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIF	ICATE C	F DEAT	Ή	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  LEONARD	R. DZIE	IZI	NSKI		7	MONTH 11	93		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX $216-24-9188 \hspace{1cm} \text{1$\raisebox{-1pt}{$\chi$}$ M 2 $\square$ F}$	6. AGE (In yrs. Ias 63	t birthday) YRS.	IF UNDER 1 YE		24 HRS. 7. MIN. 1	Month Day, Year)		PEN	LACE (State or Foreign INSYLVANIA
TOR	99. FACILITY NAME (If not institution, give street and number)  809 S. MONTFORD AVENUMENTS OF DECEMENT	JE		100	TIMOR		H ·	9c, COUN	ITY OF DEA	ATH
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO						IOd, INSIDE CITY
AL D	MARYLAND  100. STREET AND NUMBER			BALTI	MUKE 101. ZIP CODE			10g. CiTiz		YES 2 NO
NER	809 S. MONTFORD AVEN				212	24			USA	
BY FUNERAL	1 Never Married 2 X Married FORCES?	NT EVER IN U.S. AR 1 TYES 2 N WART OR DATES	MED IO	If yes	specify Cubar		ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	Black, Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 1 2 YEARS	+) (Gi	ve kind of a Do NOT us	USUAL OCCUP work done during se retired.)	most of working	9	16b, KIND OF BUS	SINESS/IND		
BE COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	OPHI				
10	MRS. NADINE V. DZIEIZ	INSKI	809	S. MC	NTFOR	or Rurel Rout D AV	e Number, City or Tow ENUE BA	n, State, Zip LTO.	MD.	21224
	29. METHOD OF CISPOSITION 1.1 Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)			of disposition LLL CE				LTO.		
	21 STORAGE OF FUNERAL SERVICE LICENSEE	ruski		1201	DUND	ALK	FUNERAL AVE. BA	LTO.	MD.	21222
	23. PART ). Eyler the diseases, or complications the block, or heart failure. List only one call iMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO THE PART OF THE P	tastic	Go1d	on Ca			s cardiac or respi	ratory arre	est,	Approximate Interval Batween Onset and Death
ATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	(OR AS A CONSEC	EQUENCE OF):							
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to	death but not re	asulting (	in the underl	/ing cause g	iven in Par	ti. 24a. WAS AN PERFOR	MED?	C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-	26	PLACE OF DE	ATH (Check	only one)			
YSIC		ER/Outpatient 3	□ DOA	OTHER:			Other (Specify)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		28b. TIM	URY	INJURY AT WORK?  YES 2		d. DESCRIBE HOW II	JURY OCC	URED	
	3 Suicide 28e. PLACE (	OF INJURY — At hor , atc. (Specify)	ne, lerm, s	street, factory, o	ffice	28	f. LOCATION (Street a City or Yown, State)	nd Number o	or Rurai Rou	rte Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of one one of the basic of one one of the basic of one one of the basic of one one of the basic of one one one one one one one one one one									nd manner ee stated.
BE	296. SIGNATURE AND TITLE OF CENTREE	MD			29c. LICE	NSE NUMBE	R	29d. DATE	SIGNED (N	fonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL PHILIP J. FERRIS	SE OF DEATH (ITEM	1 27) (Type,	Print) 910	1 FR	ANK	67 LIN SQ	, DR		21237
8	31. DATE FILED (Month, Day, Your) . 32. AEGISTAL	R'S SENATURE	1	,,,				VI	·	0.00



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicien
TO THE FUNERAL OIRCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit. The befiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (		UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	8. BIFTHPLACE (State or Foreign
	217-34-8926 1 M 2 DCF 93	YRS. MO	THS DAYS HOURS MIN.	(Month, Day, Year) 899	ManyLand
~	9a. FACILITY NAME (if not institution, give street and number)	96	CITY, TOWN OR LOCATION OF D	EATH 9c.	COUNTY OF DEATH
6	Ivy Hall Nursing Home		Baltimon	ie	Baltimore
) E	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY
ā	Md	Ва.	ltimore		1 X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 2817 Harview Ave.		10f. ZIP CODE	10g	CITIZEN DF WHAT COUNTRY?
JNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	2/234  13. WAS DECENDENT OF HISPA	NIC ORIGINA (Paralle Vance)	U.S.A
	1 Never Married 2 Married FORCES? 1 YES	2 K NO	If yes, specify Cuban, Maxic	an, Puarto Rican, atc.)	Black, White, etc.
D BY	3 🖾 Widowed 4 🗌 Divorced				White
ETE	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	IAL OCCUPATION done during most of working lired.)	16b. KINO OF BUSINES	S/INDUSTRY
PL	Elementary/Secondary (0-12) College (1-4 or 5+)	Homemo	17.1.1	#	ome
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Malden Surna	me)
BE	Henry Gross			elmia Stei	
٥	Mrs. Helen M. Sappington	5B Loc	ORESS (Street and Number or Rural	Route Number, City or Town, State e Forest H	ill, Md. 21050
	1 (A) Buriel 2   Cremation 3   Removal from State   cem	PLACE AND DATE OF O	SPOSITION (Name of	OATE 20c. LOCATIO	N — City or Town, Stata
	4 Donation 5 Other (Specify)	on Luthe	nan Ch. Com	7/16 Bal	to.,MD.
	Harle Milde		Hantley Mi	Ller Funero	al Home to.,Md.21234
	23. PART I. Enter the diseases, or complications that caused	tha death. Do not	enter tha mode of dying, suc	ch as cardiac or respirator	y errest, Approximata
ı	ehock, or heart failure. List only ona cause on ea	ich line,			intarval Between Onset and Death
	disease or condition resulting in death)	hh MI			
_	Coul De TO (OR AS A	CONSEDUENCE DF):	11.11		
<u>é</u>	Sequentielly list conditions, if any, leading to immediate	CONSEDUENCE DF):	The wil		
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury				
ËI	that initieted events resulting in death) LAST	CONSEQUENCE OF):			
Ü					
¥	PART II. Other significent conditions contributing to death be	it not resulting in the	na underlying causa given in	Part i. 24a. WAS AN AUTO PERFORMED?	
EDICAL				1   YES 2   N	O COMPLETION OF CAUSE OF DEATH?
Σ				_	1 TES 2 ND
ă Nă	25. WAS CASE REFERRED TO MEDICAL		26. PLACE DF OEATH (CF	neck only one)	
PHYSICIAN: M	EXAMINER?  1 YES 2 ND  HOSPITAL:  1 Inpetient 2 ER/Outpet		HER: Hursing Home 5 - Residence	8 Other (Specify)	
E	27. MANNER OF DEATH  1 New York State Of Pending  28a. DATE DF INJURY (Month, Day, Year)	28b. TIME DF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
à	2 Accident Investigation	At home form store	M 1 YES 2 ND		
COMPLETED	3 Suicide S Could not be detarmined S building, stc. (Speci	(v)	, ractory, omea	28I. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
٦ [ <u>[</u>	29s. CERTIFIER (Check only (Ch	edge, death occurred at	the time, data and place, and due	to the cause(a) and manner as	a stated,
ĕ I	one) 2 MEDICAL EXAMINER: On the basis of examination				
BEO	296. SIGNATURE AND THEE OF CERTIFIER	-	29c. LICENSE NU		DATE SIGNED (Month, Day, Year)
ဥ	30 NAME AND ADDRESS OF BEREIN MAIN COMPLETES	>	DIY	221	7.14.93
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	IN (ITEM 27) (Type, Prin	TO PALZ	can 2121	
5	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA			0 00001	
	JUI 16 1993 grantendon-19	THE PERSON NAMED IN			

ITEMS: 23 PART I, II, 27, 28a-f, PER MEO G-701

93 20605.

	1. DECEDENT'S NAME (First, Middle, Li	not)				2. DAT	REG. NO.	YEA	3. TIME OF DE
	FRANCES			E <b>P</b> ]	FANIO	07	10	93	
	4. SOCIAL SECURITY NUMBER 216-54-1008	1 🗆 M 2 💢 F	E (In yrs. lest birthday) 42 YRS.		EAR IF UNDER 24 HR AYS HOURS MIN		E OF BIRTH	Co	IRTHPLACE (State or ountry)  [aryland]
СТОВ	99. FACILITY NAME (If not institution, gi BON SECOUR H	OSPITAL			WIN OR LOCATION OF		9c.	COUNTY	OF DEATH
DIRECT	RESIDENCE OF DECEDENT  100. STATE  10b. COL  Md.			TY, TOWN OR L				10d. INSID	
FUNERAL	1822 Wilhelm S	t.		10f. ZIP CODE 21223			10g.		OF WHAT COUNTRY
BY FUN	11. MARITAL STATUS  1. Marital Status  2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 ANO	2 ANO If yes, specify Cuben, Mexican, Puerto Rican, etc.)					RACE — American In Black, White, etc. Specify:
ETED	15. DECEDENT'S (Specify only highest gi	16a, DECEDENT'S (Give kind of life, Do NOT	f work done durin	PATION ng most of working	16	Sb. KIND OF BUSINESS	S/INDUSTR	र्भ	
COMPL	10		Home	maker					
BE CO	17. FATHER'S NAME (First, Middle, Last) Frank J. Epif						Middle, Maiden Surner	ne)	
10	190. INFORMANT'S NAME (Type/Print) Stella Marsh						mber, City or Town, Stat		
	20a-METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 F		Ob. PLACE AND DATE	E OF DISPOSITIO	N (Name of	-P	pt. 107, TE 20c. LOCATIO 16 Lansd	N — City o	or Town, State
	21. SIGNATURE OF METAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Gary I. Kaufman Funeral Homes  5695 Main St., Elkridge, Md. 21227								
	IMMEDIATE CAUSE (Finsi	ire. List only one ceuse on	each line.	5699	Main St	El	kridge. M	d.	21227   Approxi   Interval   Onset a
ITIFICATION	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, is eding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. HYPERTHE  DUE TO (OR AS	each line.	not enter the	Main St	El	kridge. M	d.	Approxi
DICAL CERTIFICATION	immediate Cause (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, is eding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HYPERTHE DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	R M I A A CONSEQUENCE (	not enter the	Main St	., El	kridge. M	id.	Approxi
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, is eding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the significa	b. DUE TO (OR AS  c. DUE TO (OR AS  d	R M I A A CONSEQUENCE (	DF):	Main St	in Part i.	24a. WAS AN AUTO PERFORMED?	id.	Approxi interval Onset a  24b. WERE AUTOPSY AWRLABLE PRIC COMPLETION DI
MEDICAL	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit B I P O L A R	B. HYPERTHE DUE TO (OR AS DUE	RMIA A CONSEQUENCE ( A CONSEQUENCE ( Dut not resulting	DF):  OF):  OF):  OF):	Main St	in Part I.	24a. WAS AN AUTO PERFORMED?	id.	Approxi- interval Onset a  Onset a  24b. WERE AUTOPSY AWRILABLE PRIC COMPLETION DI OF DEATH?
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D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if sny, is eding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit B I P O L A R  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	B. HYPERTHE DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d.   tions contributing to death DISORDER  L. HOSPITAL: hCkinpetient 2 ER/Ox  28e. DATE OF INJURY (Month, Day, Year, 7 - 10 - 9 (28e. PLACE OF INJURY) ba 28e. PLACE OF INJURY	RM I A  A CONSEQUENCE (  A CONSEQUENCE (  A CONSEQUENCE (  but not resulting  Appatient 3 DOA  28b. Till  RY At home, farm,	OF):  OF):	Main St	In Part I.  (Check only ces 8 0 0th 28d, Di	24a. WAS AN AUTON PERFORMED?  1 STYES 2 No. No. No. No. No. No. No. No. No. No.	PSY OCCURET	24b. WERE AUTOPSY AMRIABLE PRO COMPLETION DI OF DEATH?  1 YES 2
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if smy, is eding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and investigations are sufficient to the significant conditions are sufficie	a. HYPERTHE DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d  tions contributing to death DISORDER  HOSPITAL: 1,Exposition: 2 □ ERVo.  28e. DATE OF INJURY (Month, Day, Vest) 7 - 10 - 9; 28e. PLACE OF INJURY building, etc. (Se	RMIA A CONSEQUENCE ( A CONSEQUENCE ( A CONSEQUENCE ( Dut not resulting  A CONSEQUENCE ( A CONS	of):  of):	Main St  mode of dying, s  mod	in Part i.  (Check only ce 8 Ott	24a. WAS AN AUTON PERFORMED?  1 SAYES 2 No. No. No. No. No. No. No. No. No. No.	PSY O OCCURETO OCCURE	Approxi- interval Onset a  24b. Were Autopsy AMRIABLE Proc COMPLETION DI OF DEATH?  1 YES 2 [  D  VIEW Process VIEW Proces
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if smy, is eding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and investigations are sufficient to the significant conditions are sufficie	a. HYPERTHE DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d  tions contributing to death DISORDER  HOSPITAL:  **REAL PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)  4 D M E  **HYSICIAN: To the best of my knothing.	RM I A A CONSEQUENCE ( A CONSEQUENCE ( A CONSEQUENCE ( Dut not resulting  A CONSEQUENCE ( A CO	of):  OF):  OF):  OF):  OF):  OTHER:  OTHER:  A   Numing  ME OF NJURY   1  , etreet, factory,  rred at the time, lion, in my opini	Main St  mode of dying, s  mod	in Part i.  (Check only in 28d, Did 28d	24a. WAS AN AUTON PERFORMED?  1 STYES 2 No.  NO. (Street and Nu.)  CATION (Street and Nu.)  Vor Rown, State) 1 8  suse(e) and manner at the and place, end due	PSY O OCCURETO OSUR MD OCCURETO OSUR MD OCCURETO	Approxi- interval Onset a  24b. Were Autopsy AMRIABLE Proc COMPLETION DI OF DEATH?  1 YES 2 [  D  VIEW Process VIEW Proces

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don't family the same of the s	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		0700
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	After 1	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mar
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2 MEDICAL EXAMINER: On the beels

29th SIGNATURE AND TITLE OF CERTIFIER

HO-LAI FENG

31. DATE FILED (Month, Day Year) 6 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR 93 20606 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH a KATHERINE E. 14 93 FINK 5:10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 216-16-3536 1 M 2 X F MONTHS DAYS HOURS MIN. 69 YRS 13 06 24 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 718 WEDEMAN AVENUE LINTHICUM ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL LINTHICUM 1 YES 2 NO BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 718 WEDEMAN AVENUE 21090 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerio Rican, stc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.) 18b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5 +) 12 0 HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ROBERT S. BAUER SUSAN PETRIC BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM H. FINK JR. 718 WEDEMAN AVENUE-LINTHICUM, MD. 21090 20e. METHOD OF DISPOSITION
1 M Burlal 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE MARYLAND VETERANS 7/16 CROWNSVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 N 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart hallure. List only one cause of each line.

IMMEDIATE CAUSE (Finel intarvai Batween **Onset and Death** disease or condition etastatt C ma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ( CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 | YES 2 | NO PHYSICIAN: N/A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inputient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED X Natural 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — Al home, larm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 5 Could not be determined COMPLETED 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, date end piece, end due to the cause(e) end manner ee stated.

D3192 ▶ 07 30, NAME AND ADDRESS OF PERSON-WHO COM PLETED CAUSE OF DEATH (ITEM 27) (Type. Print) 606 HAMMONDS LANE-BALTIMORE, MD. M.D

investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated.

29c. LICENSE NUMBER

93

29d. DATE SIGNED (Month, Day.

14

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

3:4012 4

11. MARITAL STATUS

Never Married 2 Marrie

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

21. SIGNATURE OF EUNERAL SERVICE LIGEN

4 Donation 5 Other (Specify)

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions,

if any, leading to immediate cause. Enter UNDERLYING

25. WAS CASE REFERRED TO MEDICAL

**EXAMINER?** 

CAUSE (Disease or Injury

that initiated events resulting in death) LAST

Lowell Freeman

Bessie Williams

9th grade

15. DECEDENT'S EDUCATION (Specify only highest grade complete

DIRECTOR

FUNERAL

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COMPLETED

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signed by the attending physician and completely filled in by Health and Mental Hyglene prior to burial, cremation, or remo

traumatic

or other

any injury.

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If Item

IMPORTANT: BE

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DIRECTOR: / 28

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CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

burial-transit

use as the

for 1

detached 1

the funeral director, page 5 should be

hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

Sr.

mone

12. WAS DECEDENT EVER IN U.S. ARMED

1 YES

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

Her

23. PART I. Enter the diseases, or complications that caused the deshock, or heart failure. List only one cause on each line.

5 ZNO

1 Maryland 10d. INSIDE CITY X YES 2 NO

93

10g. CITIZEN OF WHAT COUNTRY? USA

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify: Specify:

2. DATE OF DEATH

30 61

7. DATE OF BIRTH

Black. 16b. KIND OF BUSINESS/INDUSTRY

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Laborer

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Bessie Williams 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

21231 278 Dallas Court Baltimore, Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State

7/20 /93Randallstown, Md King Memorial Park 22. NAME AND ADDRESS OF FACILITY 1701 McCulloh St

Chatman-Harris F/H Baltimore, Md2121 seases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate

Onset and Death AT CORDENAL HEMMOR HACE DUE TO (OR AS A CONSEQUENCE OF): VASCULLTIS DUE TO (OR AS A CONSEQUENCE OF):

26. PLACE OF DEATH (Check only one)

5 ystome OUE TO (OR AS A CONSEQUENCE OF):

ERY THEMATOSUS LUPUS

HI II. Other sig	nificant conditions	contributing to death	but not resulting in t	the underlying cause	given in Part I.
RE	NAOL FO	ALURE			

FAILURE

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OFATH?

Interval Between

1 YES 2 NO

TTAL: atlent 2 ER/Outpatient	3 DOA 4 D	ER: fursing Home 5 - Residence	6 Other (Specify)
Month One Mari	28b. TIME OF	28c. INJURY AT	284. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DO		OTHE	6 Other (Specify)	
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF URY	28c. INJURY AT WORK?	284. DESCRIBE HO

1 0 Pending investigation 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide Could not be 4 Nomicide

29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se stated.

HYPERTENSION

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

		William Service Services
th. SIGNATURE AND TITLE OF CERTIFIER DO	29c. LICENSE NUMBER D 36974	29d. DATE SIGNEO (Month, Day, Year)  7113193

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) DAVID MOTINAYON.O

HOS

100 N BROADWAY

BALTT MORE

mo 21231

7/13/53

Julia Buy doon-france

KSSPIRATORY

UNCONTROLLED

DHMH-18 Rev 1/89

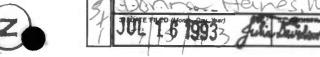
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified et once.
TO THE I	be filed v	IMPORT

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPAR	TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		20608
ANKLIN GUY, JR		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH
6. AGE (In yrs. last birthdey)  1 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MHN.	7. DATE OF BIRTH (Month, Day, Year) 07/14/4	B. BIRT	HPLACE (State or Foreign stry)  Lyland
street and number) Prans Hospital	96. CITY, TOWN OR LOCATION OF DE	9c. COUNTY OF DEATH		
erans nospital	Baltimore C	City	_=====	====
	r, town on Location 1timore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ad	101. ZIP CODE 21225		10g. CITIZEN OF	WHAT COUNTRY?
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 15 YES 2 NO IF YES, GIVE WAR OR DATES Viet Nam	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexical 1 YES 2 NO Specify	n, Puerto Rican, etc.)		CE — American Indian, ck, White, etc. city: White
UCATION 18e. DECEDENT'S (Give kind of wild in the Do NOT us.)  College (1-4 or 5+)	USUAL OCCUPATION work done during most of working e retired.)	16b. KIND OF BUSI	NESS/INDUSTRY	

FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		IENTAL HYGIEN		20000
1. DECEDENT'S NAME (First, Middle, Last)			OMIL OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
RUSSELL FRA	NKLIN GIL	Y, JR			MONTH D	YEAR 93	0310 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRT	THPLACE (State or Foreign
217 40 3277	1 M 2 □ F	48 YRS.	MONTHS DAYS	HOURS MIN.	07/14/4	( - market	ryland
9a. FACILITY NAME (If not institution, give s	•		9b. CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COUNTY OF	DEATH
Baltimore Vete	rans Hospita	1	Balti	more C	ity	_====	====
10a. STATE 10b. COUNT	Y	10c, CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY
Maryland ` Ann	e Arundel	Ba	ltimore				LIMITS?
10e. STREET AND NUMBER			10	Y. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
419 Bon Air Roa	.d			21225		U.S.	Α.
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 17 YES		13. WAS DE	CENDENT OF HISPANI pecify Cuben, Mexican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)		CE — American Indian, ck, White, etc.
3 Widowed 4 Divorced	Viet Nam	ATES		Specify:		Spe	White
15. DECEDENT'S EDU	CATION	18e. DECEDENT'S			16b, KIND OF BUS	SINESS/INDUSTRY	WIII CE
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v life. Do NOT us	vork done during m re retired.)	ost of working			
12th Grade		Retire	е		U.S. A	Army	
17. FATHER'S NAME (First, Middle, Last)	-11 7		~		IE (First, Middle, Maiden		
	ussell Frank	-			mi Elizabe		fmyer
Naomi Smith					oute Number, City or Tow		21.005
			n Air R		ltimore,		
20a. METHOD OF DISPOSITION  (C) Burlal 2 Cremation 3 Rem	ovel from State 20b	netery, cremetory or of State	OF DISPOSITION (N	ame of		CATION — City or 1	
4 Donation 6 Other (Specify)		u. State		ND ADDRESS OF FAC		ownsv111e	e, Maryland
1/ /	•	1.	Georg	e J. Gond	e Funeral	Home P.	Α.
23. PART I. Enter the dispases, or	MIRALL	(C)	4001	Ritchie H	wy. Balt	imore, M	d. 21225
iMMEDIATE CAUSE Unai disease or condition resulting in death)	a. Mo to St	ach line.	mall	Cell	lung ?	ancer	interval Between Onset and Death  3 months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	CONSEQUENCE OF					
PART II. Other significant condition	s contributing to death b	out not resulting i	n the underlyin	g cause given in F	Part i. 24e. WAS AN		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
rone					1 YES 2		COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			28 0	LACE OF DEATH (Chec	ok only one)		
EXAMINER?	MOSPITAL:	netlant 3 🗆 noa	OTHER:				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN	ne 5 🗆 Residence 6	28d. DESCRIBE HOW I	NJURY OCCURED	
1 Netural 5 Pending	(Month) Day, Year)	INJ	URY W	ORK? YES 2 NO		13	
2 Accident anyestigation 3 Suicide 8 Could not be	28e, PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	treet, factory, offic	ce	281. LOCATION (Street	and Number or Rural	Route Number,
4 Homicide determined	waterings were (Spec	"" N	13		City or Town, State)	JIA	
	ICIAN: To the best of my know						
29b. SIGNATURE AND JITLE OF CERTIFIE			y opinion,				
Mara	St Mine	· AAK		MARCH A	562	29d. DATE NICHE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tops	Print)	MILLO	10	1/15	175
Donno Her	nes, MD	215	6100	4 St. B	alt.	MODI	106
JUL 16 19932 A	he tribun to	Salle.					



4	-	ansit permit.	)
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physici	led in by the funeral director, page 5 should be detached for use as the burial-i, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Let the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	GONDER	GEORGE JOSE	PH GONDER	-	MAY YE	3. TIME OF DEATH 3 2:45 A M					
9	4. SOCIAL SECURITY NUMBER 215-22-46042-4604	1 <b>XX</b> M 2 □ F 85	YRS. MO	UNDER † YEAR SF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4–16–08	8. 8	BIRTHPLACE (State or Foreign Country)  Maryland					
TOR	90. FACILITY NAME (II not institution, give a Good Samaritan Hos RESIDENCE OF DECEDENT		96	Baltimore	DEATH	9c. COUNTY OF DEATH						
DIRECTOR	10e. STATE 10b. COUNT	N/A		own on Location Baltimore		100						
FUNERAL	100 E. Melrose A			101. ZIP CODE 21212		10g. CITIZEN	OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married XXX Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2/1/10	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary(Secondary (0-12)	JCATION e completed) Cotlege (1-4 or 5+)	18e. DECEDENT'S USL (Give kind of work life. Do NOT use red Captain	done during most of working	Baltimon							
	17. FATHER'S NAME (First, Middle, Last) Charles Gonder			1	AME (First, Middle, Maiden	Surneme)						
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	PRESS (Street and Number or Rural	Route Number, City or Tow	vn, State, Zip Cod	le)					
-	Lillian B. Gonder	100		rose Avenue Balt								
	20e METHOD OF DISPOSITION  XXX Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	$A \leftarrow M$	PLACE AND DATE OF D etery, crematory or other in DUNTAIN Chris	stian Church Cem.	7/17 Fal	lston, Ma	1000000					
	Dennis Stephens	ENAR enakis	M00640	22. NAME AND ADDRESS OF F	Mitchell I bad Baltimore	, Marylar	nd 21212					
	23. PART I. Enter the diseases, or shock, or heart failure.  iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Panu	ech iina.	CAN WHAT		iratory arrest,	Approximate interval Between Onset and Death					
TION	Sequentially list conditions, if any, leading to immediate	b	CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS A	CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	na contributing to daeth be	ut not reaulting in th	a underlying ceuse given in	Part I. 24a. WAS AN PERFO!	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 \( \subseteq NO					
AN:	25. WAS CASE REFERRED TO MEDICAL			26 BLACE OF BEATH CO								
SICI	EXAMINER?	HOSPITAL:		26, PLACE OF DEATH (C) THER: Nursing Home 5 Residence								
	27. MANNER OF DEATH  1. Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci		28f. LOCATION (Street City or Town, State)	and Number or Re	ural Route Number,						
COMPLET	29a: CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated.  MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner se stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIE	m) M.	D .	29c. LICENSE NU		29d. DATE SIG	INEO (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WH ANTON 10 A PEDICO			BLUP. BALT	0. MD 21	239						
0	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

age resided a region of

v ...

0/

	1. DECEDENT'S NAME (First, Middle, Lat	st)					2. DAT	E OF DEATH	MY	YEAR 3. TIME OF DEATH
	Broni			nthal		ntalis	Ju.	Ly 9, 1	993	6 a
	4. SOCIAL SECURITY NUMBER 217-38-4854	5. SEX 6.	AGE (In yrs. lest birth	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.	(Mo	E OF BIRTH		8. BIRTHPLACE (State or For Country)
	9a. FACILITY NAME (If not institution, give	24	88 YF		. TOWN O	R LOCATION OF		-13-19		Lithuania
O.	6617 Carroll I	Highlands R	oad			sville				arroll Count
DIRECTOR	10a. STATE 10b. COU	NTY	100	CITY, TOWN	OR LOCATI	ION				10d. INSIDE CITY
		rroll Count	У			Elders	ourg			LIMITS?
FUNERAL	100. STREET AND NUMBER 6617 Carroll	Uichlanda :	Dood		101.	ZIP CODE 217	0.4			EN OF WHAT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED			ENDENT OF HIS	PANIC ORIG			J.S.A. 14. RACE — American Indias
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 T	OR DATES		If yes, spe 1 [] YES	cify Cuban, Mex 2 NO Spe		Rican, etc.)		Specify: White
ED	15, DECEDENT'S E	DUCATION		NT'S USUAL O			11	Sb. KIND OF BU	ISINESS/INDU	
E	(Specify only highest gn	College (1-4 or 5+)	Ille. Do N	d of work done OT use retired.)		at of working			-	
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)		1	Homemak 	er	10 MATHERS	NAME (Flori	Address Advisor		mestic
ш	Sokuba	as Kaz	lauskas				Heri	Middle, Maider	161091	te
TO B	19a. INFORMANT'S NAME (Type/Print)	Control 1				nd Number or Run				
	Mr. Algimantas I	k. Grintali					_			lle, MD 2178
	120 Burlai 2 Cremation 3 Re	emoval from State	20b. PLACE AND D cometery, crematory							or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	1	1 22.	NAME AN	D ADDRESS OF	FACILITY			
	• Dria	n J. Ho	right	S	Sykes	T FUNE	MD 2	1784 (	410)-	795-1400
	23. PART I. Enter the diseases, to shock, or heert failure.	or complications that c	aused the death.	Do not enter	Also man	4 0 - 0 - 0 -			d	
			on each line.		the mod	se or aying, s	uch as ca	rdiec or resp	aratory arre	est, Approxima interval Be
	IMMEDIATE CAUSE (Final disease or condition	/s	1 .	/ /	Λ,		uch as ca	rdiec or resp	oratory arre	interval Be
		. /se	1 .	beent	Λ,		uch as ca	rdiec or resp	oratory are	interval B
NO	disease or condition resulting in death)	a. /Sc DUE TO (OF	R AS A CONSCOUENCE	beent	Λ,		ich as ca	rdiec or reep	piratory arre	interval B
ATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	. /se	R AS A CONSCOUENCE	beent	Λ,		ich as ca	rdiec or reep	piratory arre	interval B
LIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Sc DUE TO (OI OUE TO (OI C.	R AS A CONSCOUENCE	Gent DE OFF: July	Λ,		ekw	rdiec or resp	eratory arre	interval Be
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are suiting in death algorithms.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation and investigation are suiting the condition of the condition investigation and investigation are suiting the condition of the con	B. DUE TO (OF DUE TO (	R AS A CONSEQUENT  R AS A CONSEQUENT  R AS A CONSEQUENT  RAS A CONSEQUENT  PATH but not result  R/Outpetient 3 Do  JURY 28b  NJURY — Al home, fit  C (Specify)  I knowledge, death or  Inination and/or invest	CE OF):  SE OF):  CE	28. PL. R: sling Homs 28c. INJL Word 1   Y	Cause given  ACE OF DEATH  S Masidence  JRY AT  RES 2 NO  and place, and course at 1	in Part i.  Check only  6 G Ot  28d. D  28f. LC  Critical to the challing, de	24a. WAS APPERFO 1  YES: 1 YES:  One)  DOM:  OCATION (Street by or Town, State)  Buse(a) and ma	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FII AMALABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 N

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

31. DATE FILED (Month, Day, Year)

REGISTRAR'S SIONATURE

6

1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H	DEATH	REG. NO.		20011
1. DECEDENT'S NAME (First, Middle, Last)	th H	enson	2	2. DATE OF DEATH ON MONTH TO THE PROPERTY OF T	15	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/7-07-0/19	5. SEX 1 M 2 F F Sex	t birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year)	12 0	NTHPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give at	eton Stell	et BAI	timore	City	9c. COUNTY O	F DEATH
MANIANO 100. COUNTY	Y	10c. CITY, TOWN OR LOCAT	nore	<i>y</i>		10d. INSIDE CITY LIMITS?  1 YES 2 NO
1817 Apple	eton ST	keeet 100	212/1	7	10g. CITIZEN C	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Harried 3 Widowed 4 Divorced	18. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 FIN IF YES, GIVE WAR OR DATES	fo If yes, spe	ENDENT OF HISPANIC acity Cuben, Mexican, 2 No Specify:	ORIGIN? (Specify Yee Puerto Ricen, etc.)		ACE — American Indien, lleck, White, etc.
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	e completed) (Gi	CEDENT'S USUAL OCCUPATION IN INC. IN I		End	CA /	RATT
17. FATHER'S NAME (First, Middle, List)	BROOKS		18. MOTHER'S NAME	E (First, Middle Maiden	Surname)	0
MR. JAMES	5 Henson	b. MAILING ADDRESS (Street a	nd Number for Pural Slov	ute Number, City or Jawn	, State, Zip Code	4/4.
20a. METHOD OF DISPOSITION 1 Description   Method   Document   Doc	noval from State 20b. PLACE offer pl	OF DISPOSITION (Rumb of ogn	netery, cremetopy or	24= L9	EATHON— City of	Town, state Inc.
21. SIGNATURE OF FUNERAL SERVICE LIC	L. Russ	22/NAME AN DS 49	2 W X/	755 FU	Ball	t md 21216
	complications that caused the de List only one cause on each line	eeth. Do not enter the mo	de of dylng, such	es cardiec or respi	ratory arrest,	Approximate Interval Between Onset and Death
immediate cause (Finel disease or condition resulting in death)	s. DUE TO (OR AS A CONSE	OUENCE OF):	rest			Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A CONSEC	OUENCE OF):	+ 1+	TN		
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):				
PART II. Other significant condition	ns contributing to death but not	resulting in the underlyin	g csuse given in P	24s. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	OTHER:	LACE OF DEATH (Chec			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	25e. DATE OF INJURY (Month, Day, Year)	INJURY WO	PURY AT CHICAGO CONTROL CONTRO	28d. DESCRIBE HOW I	NJURY OCCURE	D
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, factory, offic		26f. LOCATION (Street of City or Town, State)		ural Route Number,
(Critical Orlin)	SICIAN: To the best of my knowledge, do					use(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ER PLT	neigh	29c. LICENSE NUMB	0150		NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)				

21215



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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a riours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be fleet within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	n dr
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31. DATE FILED (Month, Day, Year)

11 11 1 6 1993

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Tipo Print)

ONOVAN 2112 DUNDAL

1001)

22. RECHSTRAR'S SIGNATURE

393

GIAN DEMONSTRAR'S SIGNATURE

1 . SIAIE	STATE OF MARYL					3	3 2001	
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH  J	AMES	CERTIFIC	ULL L		REG. NO.  DATE OF DEATH MONTH  DAY	- G **	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 5. 216-24-5692 12	XXM 2 □ F		F UNDER 1 YEAR	HOURS MIN.	Mar. 20,19	8. Bif	ATHPLACE (State or Foreign unity)  [aryland]	
9a. FACILITY NAME (If not institution, give street 7342 Greenbank Ro		9		r Location of DEAT	TH .	ec. COUNTY OF	timore	
	ltimore	10c. CITY, 1	own or Locat Balti				10d. INSIDE CITY LIMITS? 1  YES 2 NO	
7342 Greenbank Ro				21220		U.S.		
11. MARITAL STATUS  1	E. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Yea or Puarto Rican, atc.)	8	ACE — American Indian, leck, White, etc. pecify: White	
15. DECEDENT'S EDUCAT (Specify only highest grade core Elamentary/Secondary (0-12) N/A	ION inpleted) College (1-4 or 5+) N/A	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo etired.)		18b. KIND OF BUSIN	ug Sto	Y	
17. FATHER'S NAME (First, Middle, Lest)  John Hulla				Marie S	Voboda	rname)		
Karla C. Peppler  Marhod QE DISPOSITION	20		tna Ct.	, Baltimo	re, MD 21			
1 Burial 2 Cremation 3 Remova 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	G	reenmount	Schim	id address of facil unek Fune	ral Homes,	Inc.	Maryland	
23. PART I Inter the diseases, or conshock, or heert feliure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)			enter the mo	de of dying, auch	ad. Baltim	tory arrest,	Approximate interval Betwee Onset and Dea	
Sequentielly list conditions, if smy, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other significant conditions of	contributing to deeth I	but not resulting in	the underlyin	g cause given in P	art I. 24a. WAS AN AI PERFORM	ED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
	IOSPITAL:		THER:	ACE OF DEATH (Chec				
27. MANNER OF DEATH  1. Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	ation  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Ru City or Town, State)							
29a. CERTIFIER (Check only Check on Chec	N: To the best of my know							

AVE

2121

MD

1. DECEDENT'S NAME (First,	Middle, Last)	MAR		HULLA				2. DATE OF DEATH DAY 5 953				3. TIME OF DEATH	
4. SOCIAL SECURITY NUMB	ER	5. SEX		n yrs. lest bin	thday) IF	UNDER 1 YEA	AR IF	F UNDER 24 HRS.	7. DATE OF E	HRTH			PLACE (State or Foreign
216-46-4744		1 □ M XX F	7.	5	YRS.	ITHS DAY		OURA MIN.	Dec. 2				yland
9a. FACILITY NAME (If not in					9b.	CITY, TOV	WN OR L	OCATION OF DE	ATH		9c. COU	NTY OF DI	EATH
7342 Green		load					Bal	timore				Ba1	timore
10e. STATE	10b. COUNTY			10	Oc. CITY, TO	WN OR LO	OCATION	1					10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER		Baltimor			Balt		re P CODE			10a. CIT.	IZEN OF W	1 ☐ YES 2 🌠 NO	
7342 Green				21220				U.S					
11. MARITAL STATUS		12. WAS DECEDEN			)			DENT OF HISPAN			or No-	14. RACE Black	— American Indian, , White, etc.
1 Never Merried 2 Merried   FORCES? 1 YES 2 NO   If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 3 XWidowed 4 Divorced   FYES, GIVE WAR OR DATES   If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: White												<sup>y:</sup> White	
15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)		16a. DECED	and of work	done during	PATION g most o	f working	16b. KIN	D OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (6 N/A	-12)	College (1-4 or 5	+)		nor use rec omema					Own	Hom	ie.	
17. FATHER'S NAME (First, M	iddle, Last)						18	B. MOTHER'S NA	ME (First, Middl				
Karel Stoz	ek							Rose M	llynski	111-11-			
19a, INFORMANT'S NAME (7								Number or Rural i					
Karla C. Po		(daugh						Baltim	ore, M				
20s. METHOD OF DISPOSIT  1 Burial 2 X Crematic  4 Donation 5 Other	n 3 🗆 Reme	oval from State		other place) Greeni				ory, cremetory or				re, 1	Maryland
21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE				SCh	E AND A	address of fa nek Fun	ciuty eral H	omes	. In	C .	
1	1	bell				970.	5 Be	elair R	oad, B	alti	more	, MD	21236
23. PAFT Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fellure.	a. DUE TO	ise Dn es	sch line.					1.				Approximate Interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS	diete ING Iry	с.		CONSEQUE									
PART II. Other algorifica	nt condition	s contributing to	doub hi	ut not con	dtled in t	he under	dulna o	euro chen In	Part I 24	. WAS AN	ALITOROV	245	WERE AUTOPSY FINDINGS
							lying C	avao given in		PERFOR	MED?	240	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL					2	6, PLAC	E OF DEATH (Ch	eck only one)				
EXAMINENT 1 YES 2 NO		HOSPITAL:	ER/Outp	etient 3 🗆		THER:		V	6 Other (Sp	pecify)			
	Pending	28e. DATE Of (Month, I		2	8b. TIME O	F 26c	. INJUR	Y AT	28d. DESCRI		NJURY OC	CURED	
2 Dulaida	Investigation Could not be determined	26a. PLACE ( building	OF INJURY	— At home,	ferm, stree				26f. LOCATIO City or To	N (Street sown, State)	and Numbe	or Rural F	Route Number,
(Oridon Orin)		ICIAN: To the best of											i) and menner as stated.
296. SIGNATURE AND TITLE		mb					21	oc LICENSE NUI	MBER 32		29d. DA	TE SIGNED	(Month, Day, Year) 5-93
	J. C. O'DONOVAN, 2112 Dundalk Are. Balto. Md. 21222												
31. DATE FILED (Month, Day,	Year) Gul	32. REGISTR	AB'S SIGN	ATURE	200			7,06		J-0(1	•		. 2,22

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ng physician and completely filled in by the fur	ial, cremation, or removal
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has been signed by the atte	1. of Health and Me
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3		FOR 1 - STATE REGISTRAR	STATE OF MARYL		PARTMEN				ENTAL HYGIENI REG. NO.	91	3	20614
	19		atricia s			gh			DATE OF DEATH DAY	4	3	0950 Am
	9	aid il - tacla	SEX 6. AGE	(In yrs. lest birth	MONTHS	DAYS	HOURS	24 HRS. 7	7. DATE OF BIRTH (Month Day, Near 39			ACE (State or Foreign
ľ	J.	9a. FACILITY NAME (If not institution, give street	and number)		9b. CIT	Y, TOWN O	R LOCATIO	ON OF DEAT	/	9c. COUNTY OF		тн
	DIRECTOR	CHURCH HOSPITA										
	REC	10a. STATE 10b. COUNTY		10c	CITY, TOWN	OR LOCAT	ION				10	Dd. INSIDE CITY
		MD 10e STREET AND NUMBER			Ger	mant		MD	20874		_	YES 2 NO
	FUNERAL	20110 Club Hil	1 D <sub>20</sub>				. ZIP CODÉ 2087	7 /.				AT COUNTRY?
	S S	11. MARITAL STATUS 12	WAS DECEDENT EVER II	N U.S. ARMED	13	. WAS DECI	ENDENT OF	F HISPANIC	ORIGIN? (Specify Yes	USA or No- 14.	RACE -	- American Indian, White, etc.
	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D				2   NO		Puerto Rican, etc.)		Spec#y:	
	요	X 15. DECEDENT'S EDUCATH (Specify only highest grade com	ON	16a. DECEDE	NT'S USUAL of	OCCUPATIO	W		166, KIND OF BUS		hit	e
			college (1-4 or 5+)	Iffe. Do N	of work done OT use retired.	e during mos )	st of working	g	0:11-+	. т.	1.	
ouce.	COMPLET	17. FATHER'S NAME (First, Middle, Lest)	7	Resea	rch	Chem		ED'S NAME	Gillet		D.	
20	BEC	Charles C. Sw	oope					ie Ro		surname)		
	6	19a. INFORMANT'S NAME (Type/Print)		19b, MAJ	LING ADDRES	SS (Street ar			te Number, City or Town	, State, Zip Co	de)	
		Victoria S. G.		815				Land	ler WY 8			
E C		1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		netery, cremator)	or other place	9)				CATION — City		
examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE	4.	· Me	. NAME AN	D ADDRES	S OF FACIL	my	Lonsv	111	e, MD
		Jem Chareff				Cha	rltc	n Fu	neral H	ome Balto	ME	21231
medica		23. PART I. Enter the diseases, or com shock, or heart fallure. List	plications that cause only one cause on e	d the death.	Do not ente	er the mod	de of dyir	ng, such a	s cardiac or réspir	atory arrest	,	Approximate Interval Between
2		IMMEDIATE CAUSE (Finel disease or condition	SEPSIS									Onset and Death
event.		resulting in death)	DUE TO (OR AS A		Œ OF):							
	NO.	Sequentially list conditions, b	PELUC	M55	CES	5						
ובשת	E K	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENC	E OF):							
other traumatic	ERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENC	E OF):							1
ŏ	CER	resulting in death) LAST										
		PART II. Other significant conditions co	ontributing to death b	out not result	ing in the u	ınderiying	ceuse g	iven in Pa	rt I. 24s. WAS AN /			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
78 amy		LEUKOPENIA			_				1 YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
Show	∑ .	LEURUPENT							_		1	YES 2 NO
Item 23	PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	odar.				ACE OF OE	ATH (Check	only one)			
5	i Si	1 TES 2 NO	OSPITAL: Inpatient 2 = ER/Outs		100	ursing Home		_	Other (Specify)			
		27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b	TIME OF INJURY M	28c, INJU WOI			8d. OEŞCRIBE HOW IN	JURY OCCUR	ED	
	D BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	f — Al home, fa	rm, street, fa	ctory, office		21	81. LOCATION (Street at City or Town, State)	nd Number or I	Runal Rou	te Number,
	ETE	4 Homicide detarmined										
KIANT: If Item	COMPLETED		To the best of my know									u ===o
_	- 11	2 MEDICAL EXAMINER: 0  29b. SIGNATURE AND TITLE OF CERTIFIER	// / 4	- and invent	yerron, in my	opinion, de		NSE NUMBE				fonth, Day, Year)
<u> </u>	BE	Penning 1	MIN	M	)		DIS	33		▶ 7/	15/	43
-[ ]	임	30. NAME AND ADDRESS OF MERSON WHO CO	OMPLETEO CAUSE OF OF	ATH (ITEM 27)	Type Print <sup>1</sup>					- /		-

30. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Day, Year)

JUL 1 6 1993

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32. REGISTRAR'S SIGNATURE

Davidson-Rendere

permit. Pages 1, 2, 3 should

use as the burial-transit

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page 5 should be detached

the funeral director.

filled in by t

and com o burial,

attending physician ntal Hygiene prior to

n signed by the Health and N

thas been signed by the Dept. of Health and The 23 shows any In

this certificate han with the State De irked, or item 2

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requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL DR ATTENDING PHYSICIAN: The law TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If item 28 is m

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) William Herrod 2. DATE OF DEATH 3. TIME OF DEATH YEAR WILLIAM July 1993 2100 06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS 78 212-14-3451 MD Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Medical Center DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 # YES 2 □ NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 758 W. Hamburg St. 21225 **USA** 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/E NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1/E Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced Afr. American COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY nost of working Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Thomas Harrod Sarah 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 5731 Moravia Rd. Baltimore, Md. Jefferson Harrod 20a. METHOD OF DISPOSITION
1# Burial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Arbutus Park 7/13/93 Arbutus, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto, Md. 21217 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiretory errest, shock or heert fellure. List only one cause on each line. Approximata Intervel Between IMMEDIATE CAUSE (Final Onset and Death disease or condition CEREBRAL INFARCTION LEFT LANGE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): It'S PERLIER SLON un cont multen CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events SYNDRONE OF INSPAMPANTE A.D.H. SECRETION DUE TO (OR AS A CONSEQUENCE OF): resulting In death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 100 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED DO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | 10 e 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural м BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Dury 06,1993 HAMMOR HOLPITAL HOUSESTAFF 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3001 S. HANDURK ALMENT CME VILL Bross BAUTO, mos 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 6 1993



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIRECTOR	
Y FUNERAL	
COMPLETED BY	
TO BE C	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	D MENTAL	HYGIENE REG. NO.
RIS	2. DATE O MONTH	F DEATH DAY

1	1. DECEDENT'S NAME (First,										OF DEATH		wasa	3. TIME OF OEATH
	GLADYS E	. HAF	RRIS							MONTH 7	1		YEAR	6:05 PM
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs.	last birthday)		R 1 YEAR	_	R 24 HRS.	7. DATE OF BIRTH 6. Bit (Month, Dwy, Year)			6. BIRTH	IPLACE (State or Foreign
	217-09-4	015	1 □ M 2 💥 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.		14/19	0.3	WES'	T VIRGINIA
	9e, FACILITY NAME (If not in		9b. CITY	Y, TOWN	OR LOCAT	ION OF OR			-	NTY OF D				
OR I	Pickersq		To	ows	on,	Md.			Ba	ltin	nore			
ਹ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c.						OR LOCA	71011						
=								HON						10d. INSIDE CITY LIMITS?
21	10e. STREET AND NUMSER	T	owso		of, ZIP COD	5			40 - 017	175N OF 1	1 YES 2 XNO			
RA	615 Ches	tnut	λιτοπιιο				"							WHAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	cnuc	12. WAS DECEDEN	IT EVED IN II Q	ADMED	1 12	WAS DE	212		MC OBIOIN	(Specify Yes		SA	E — American Indian,
工	1 Never Married 2	Married	FORCES? 1	YES 2X	NO		If yes, s		nn, Mexica	ın, Puerto R		or No-	Blac	k, White, etc.
B	3 Widowed 4 Divo	rced	IF 123, GIVE	MAN ON DATES			1 📙 16	a s (V) un	Specin	у:			Spec	<i>™</i> White
COMPLETED	15. DEC	EDENT'S EDU	CATION	16a.	OECEDENT'S				la a	16b.	KIND OF SUS	SINESS/IN	OUSTRY	
ᇦ	Elementary/Secondary (0		College (1-4 or 5	+)	Ille. Do NOT u	se retired.)	ouring in	OUT OF WORK	ng					
MP.	UNKNOWN				Sale	scle	erk				Hut	zle:	rs	
8	17. FATHER'S NAME (First, M	,									liddle, Meiden	Surname)		
BE	Laurence		erry							a Gro		- 1		
2	190. INFORMANT'S NAME (7										er, City or Town			
	Patricia		ller											Cowson, 2120
	20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLA	CE DF DISPO	SITION (N	leme of co	emetery, cre	matory or	11710	20c. LO	CATION —	City or To	own, State MARYLAND
	4 Donation 6 Other		PENOPE	_ ST.	MAKY .						DAL	1 IFIO	KE,	PIARTLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTIMORE, MI													
					3818 ROLAND AVENUE, BALTIMORE, It death. Do not enter the mode of dying, such as cardiac or respiratory arrest,							MD. 21211		
	23. PART I. Enter the di shock, or h	iseasea, or c eart feilure.	complications the List only one car	it coused the use on each i	death. Do	not ente	r the m	ode of dy	ring, suc	h as card	iac or respi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine)												Onset end Death	
	disease or condition resulting in death)	<b>→</b>	a. Se	15 de	5									8 hour
			DUE TO	R AS A CON	SEQUENCE O	F):								2.11
NO	Sequentially list condit	ions,	b. OHE TO	nec	CONSEQUENCE OF:									of hom
F	if eny, leading to imme- cause. Enter UNDERLY		ofe ic	(On AS A CON	SEQUENCE U	r):								
CERTIFICATION	CAUSE (Disease or Inju		C. DUE TO	OR AS A CON	SEQUENCE O	NF):		-						
E	resulting in death) LAS	T												
B B			u											
MEDICAL	PART II. Other significa		na contributing to	death but no	ot resulting	In the u	nderfyl	ng cause	given in	Part I.	24a. WAS AN PERFOR		241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8	Jen	ant	14						_	1   YES 2	NO		OMPLETION OF CAUSE OF DEATH?	
_														1 TYES 2 NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ		PLACE OF	DEATH (C	heck only on	•)			
XS	1 VES 2 NO		1   Inpatient 2			4 Safe	msing Ho		lesidence	6 Other				
	3-4	Pending	28a. DATE O (Month, i	Day, Year)	26b. TII	JURY M	W	JURY AT	□ uo	28d. DE\$	CRIBE HOW I	NJURY OC	CUREO	
BY	2/ Accident	Investigation	28a DI ACE	OF INJURY — A	I home form	eterat for		YES 2	⊔ мо	201 100	TION (Commit	and March	a a Dunt	Davida Alvandaria
	3 Suicide 6 1	Could not be determined	building	, etc. (Specify)	t nome, term,	street, int	ctory, or	ICW			or Town, State)		or Murai	Route Number,
H.	29a, CERTIFIER AN Annual					_		_	_					
COMPLETED	(Check only		ICIAN: To the best o											
8	-			examination end	/or investigati	on, in my	opinion,	death occi	ured at the	time, date	and place, ar	d due to t	the cause(	e) and manner as stated.
BE	29b. SIGNATURE AND HYLE	ONCENTIFIE	7 /	20	1			29c. LK	ENSE NU	MBER	-	29d. DA	TE SIGNE	O (Month, /Day, Year)
2	7/1	MA	nay 1	ue	711	M	)	Lì	12	240	7		7/	1143
	30, NAME AND ADDRESS O	PERSON WI	O COMPLETED CAL	SE OF DEATH				morr	0037	3/4777	TASTE			
	DR. RILEY 31. DATE FILED (Month, Day,	Maci	20 0000000	ARIO SIGNA	-	LKSG.	LLL,	TOW	SUN,	MARY	LAND			
5		93	du la la	AR'S SIGNATURE	- SE									
	2010	100	1-1-	an any family										

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FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.			
- 8	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH
- 44	Virginia F1	1en		Hohe	in		July	Q 1	993	YEAR	E-20 3 H
- 3	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		223		5:30 A M  IPLACE (State or Foreign
	225-05-3917	1 □ M 2 🃉 F	87	YRS.	ONTHS DAYS	HOURS MIN.	Octo	ey, Year)		Count	rginia
DIRECTOR	9a. FACILITY NAME (If not institution, give so Bayside Nursing ( RESIDENCE OF DECEDENT					ton Park				мту о <del>г</del> о	DEATH
EC	10a. STATE 10b. COUNTY	,		10c. CITY.	TOWN OR LOCA	TION			_	-	10d, INSIDE CITY
		ngton				County					LIMITS?
FUNERAL	1634 N Greenbri	ar St			10	22205				S.A.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 X N		If yes, sp	CENDENT OF HISPAI ecify Cuban, Mexica 2 NO Specifi	in, Puerto Rica		or No—	14. RACE Black Speci	E — American Indian, k, Whita, etc. #y: White
	15. DECEDENT'S EQU	CATION	16a. DE0	CEDENT'S U	SUAL OCCUPATI	DN	16b. Kil	ND OF BUS	SINESS/INC	DUSTRY	WILLE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Git	ve kind of wo Do NOT use	rk done during me retired.)	ast of working				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COMPLETED	12	oblige (14 b) 3 Y)	H	lomema	ker			Own H	lome		
	17. FATHER'S NAME (First, Middle, Lest) Franklin Kidwel	1				18. MOTHER'S NA	ME (First, Midd	lle, Meiden	Surname)		
H		1					Saul:				
ဍ	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING A	DDRESS (Street	and Number or Rural	Route Number,	City or Town	n, State, Zip	Code)	
-	Barbara Dewey-D			11660	Rio B	ear In Li	ısby Ma	arvla	and 2	0657	
I	20a METHOD OF DISPOSITION 1/ Burlet 2 Cremation 3 Remo	oval from State	20b. PLACE A	ND DATE OF	DISPOSITION (N		OATE		CATION -		
- 1	4 Donation 5 Other (Specify)		Colu	mbia	Gardens		7-13-	93	Ar1	ingt	on VA
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC				22. NAME A	ND ADDRESS OF FA	CILITY Ar	Lingt	on F	uner	al Home
	▶ Peter I. &	ovalor			3901	N Fairf	ax Dr	Arli	ngto	n VA	22203
	23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause of	on each line.	ise	t enter the mo	de of dying, suc	h es cerdiac	or reaple	ratory arr	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Dusting form	AS A CONSESS AS A CONSESS	UENCE OF:	D.	Deser	ر ما				
CAL	PART II. Other algnificent conditions	contributing to deat	th but not re	sulting in	the underlyin	g ceuae given in	Part I. 24	NAS AN		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MED							_   1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
CIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF OEATH (Ch	eck only one!				
	EXAMINER?	HOSPITAL:	Outnotion of	004	THER:						
PHYSI	27. MANNER OF DEATH	28a. OATE OF INJU		26b, TIME		e 5 Residence	6 U Other (Sp 28d. OESCRI		. II III . O.O.	OV IDEA	
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	er)	INJUE	IY WO	RK?	28d. DEŞÇMI	DE NOW IN	IJUHY OCC	JUNED	
COMPLETED	3 Suicide 4 Homicide 6 Could not be determined	28e. PLACE OF INJ building, atc. (	URY — At hon Specify)	ne, farm, str	et, factory, offic	•	281. LOCATIO City or To	N (Street a own, State)	nd Number	or Rural R	loute Number,
ון ב	29a. CERTIFIER (Check only	JAN: To the best of my k	nowledge, dea	th occurred	at the time date	and place, and due	to the source	) and man			
Ž	one) 2 MEDICAL EXAMINER										) and manner on stated
- 11		-						proces, en			
#	296. SIGNATURE AND THE OF CERTIFIER		10			29c. LICENSE NUN			29d. DATI	E SIGNEO	(Month Day, Year)
2	i y hally	CR	NF			CRNP	105	102		7/9	193
	SC. HNA MAI	ie NAL	ley		,	own, Mar	Tyl and	206	50	/	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S			COLIGE OF	.CWII, PIGI	YTAIIG	200	50		
- 11	THE LO IVOU A	10000									J.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	HEALTH AND MENTAL HYGIENE DEATH REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest) LAWRENCE A. HERBST JR.	2. DATE OF DEATH MONTH DAY YEAR 1 9, 1993 1 15 P M
4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthdey)   F UNDER 1 YEAR	F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) Country)
224-98-1591 1/A # 2 LF 35 YRS.	022 1960 MD.
MIEMSS BAI	OR LOCATION OF DEATH  PLMORE  MD
RESIDENCE OF DECEDENT	MORE MD.
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCAT	TION 10d. INSIDE CITY LIMITS?
NONE RICHMOND	1 💢 YES 2 🗌 NO
	1. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
	23200 USA
1X Never Married 2 Married FORCES? 1 TYES 2 NO If yes, spe	CENDENT OF HISPANIC ORIGIN? (Specify Yes or No-ecify Cuben, Maxican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATIO (Give kind of work done during mo	ON 16b. KIND OF BUSINESS/INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)	
2 COMPUTER AND AC	
17. FATHER'S NAME (First, Middle, Last) LAWRENCE A. HERBST, SR.	18. MOTHER'S NAME (First, Middle, Maiden Surneme)
	BEVERLY VANGINHOVEN and Number or Rural Route Number, City or Town, State, Zip Code)
The state of the s	IDGE CT., FREDERICKSBURG, VA 22405
200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION INC.	ime of DATE 20c LOCATION — City or Town State
1 Burlal 2 N Cremetion 3 Removal from State centerey, crematory or other place) 4 Donation 5 Other (Specify)	N CREMATORY 7/6/93 STAFFORD, VIRGINIA
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN	NO ADDRESS OF FACILITY MULLINS & THOMPSON FUNERAL SERVICE
	FF. DAVIS HW., FREDERICKSBURG, VA 22401
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mo-	
shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  CARDIOPUMDNARY ARREST DUE TO (OR AS A CONSEQUENCE OF):	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate  b. MULTIPLE TRAUMA WITH DUE TO (OR AS A CONSEQUENCE OE):	HZ° ARDS 6 days NARY CONTSION LISION
PART II Other significant conditions contributing to deeth but not resulting in the underlying	g cause given in Part I. 24s. WAS AN AUTOPSY 24s. WERE AUTOPSY FINDINGS
Multiple Orthopodic Injuni	PÊNFORMED?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
26. WAS CASE BEFERRED TO MEDICAL HOSPITAL:	PERFORMEDY ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE BEFERRED TO MEDICAL EXAMINER?  1	PENFORMED?    AMALABLE PRIGR TO COMPLETION OF CAUSE OF DEATH?    YES 2   NO
25. WAS CASE BREERRED TO MEDICAL  EXAMINER?  1	AAA.AR.E PRIGR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO
25. WAS CASE BEFERRED TO MEDICAL EXAMINER?  1	AGE OF DEATH (Check only one)  LACE OF DEATH (Check only one)  LOS   Residence 6   Other (Specify)  LURY AT   28d. DESCRIBE HOW INJURY OCCURED  M. A. ARLE PRIGHT TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO
25. WAS CASE BEFERRED TO MEDICAL  EXAMINER?  1	AAA.AR.E PRIGR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)
25. WAS CASE BEFERRED TO MEDICAL  EXAMINER?  1	AAA.ABLE PRICH TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AAA.ABLE PRICH TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  28d. DESCRIBE HOW INJURY OCCURED  ACC OF DEATH?  28d. DESCRIBE HOW INJURY OCCURED  ACC OF DEATH?  28d. DESCRIBE HOW INJURY OCCURED  ACC OF DEATH?  28d. DESCRIBE HOW INJURY OCCURED  ACC OF DEATH (Check only one)  ACC OF DEATH?  ACC OF DEATH (Check only one)  ACC OF DEATH?  AC
26. WAS CASE BEFERRED TO MEDICAL  EXAMINER?  1	AAA.ABLE PRICH TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  AAA.ABLE PRICH TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ACC OF DEATH (Check only one)  1 YES 2 NO  ACC OF DEATH (Check only one)  28d. DESCRIBE HOW INJURY OCCURED  ACC OF DEATH?  28d. DESCRIBE HOW INJURY OCCURED  ACC OF DEATH?  28d. DESCRIBE HOW INJURY OCCURED  ACC OF DEATH?  28d. DESCRIBE HOW INJURY OCCURED  ACC OF DEATH (Check only one)  ACC OF DEATH?  ACC OF DEATH (Check only one)  ACC OF DEATH?  AC

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

WHITE

7/6/93 STAFFORD, VIRGINIA

LAWRENCE A. HERBST, ST.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N	A de
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours effer death. Pt	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	I	F
	H	F 2

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALT CATE OF DEA		NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH	YEAR	3. TIME OF DEATH
	Elizabeth H. Ing	ram ELIZABETH	HAHN INGR	AM		7 11	93	3:57 PM M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR IF UNI		DATE OF BIRTH (Month, Day, Year)	B. BIRT	THPLACE (State or Foreign
	213-16-5459 9a. FACILITY NAME (If not institution, give str		82 YRS.		6,	/8/11		MD
OC.				9b. CITY, TOWN OR LOCA			9c, COUNTY OF	DEATH
DIRECTOR	St. Joseph Hospita	31	1	Baltimore	, HD		USA	
RE	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	MD	N/A	Bal	timore				1 XXYES 2 NO
AAL A	10s. STREET AND NUMBER			10f, ZIP C				WHAT COUNTRY?
FUNERAL	6105 Edlynne Rd.	12. WAS DECEDENT EVER IN U.	0.40450	212			USA	
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	It yes, specify Cu	rben, Mexican, Po	RIGIN? (Specify Yes lerto Rican, etc.)	Bla	CE — American Indian, ick, White, etc.
B	3y Widowed 4 □ Divorced	T TES, GIVE WAR ON DATE	23	1 - YES 2 X	o specify.		Spe	White
9	15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind of w	USUAL OCCUPATION ork done during most of wo	rking	16b. KIND OF BUS	INESS/INDUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Vice	President	OTHER IS NAME O	<u>Bankir</u>		
5 3	Edgar Ferdinand Hahn					First, Middle, Maiden S	Surneme)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Num	Caroline ber or Rural Route		, State, Zip Code)	
2	Judy C. Curreri		4480 Co	le Farm Road 1	Perry Hal	1 Maryland	21236	
TO BE COM	200 METHOD OF DISPOSITION	20b. Pt	LACE AND DATE O	F DISPOSITION (Name of			ATION — City or	Town, State
	4 / Donation St Othig(Specify)	/ / La	udon Park	Cenetery	7	/15 Balti	imore. Mar	ryland
	EN SHONATURE OF PURIFICAL SUMMICE CLAR	MEE		22. NAME ANO ADD		r litchell-Wie	odofold H	m
	Dennis Stephen X	enakis !	M00640	6500 York		timore. Mar		
מבפורי וופ וופסוכקו	23. PART I. Enter the diseases, or co	omplications that ceused the course of the course of the course of the course on a section of the course of the co						Approximate Interval Between
	IMMEDIATE CAUSE (Final	All the second s		LMONAR	2 \ /	AP DEC	T	Onset and Death
2	disease or condition resulting in death)							
		RI CO.	ONSEQUENCE OF	DE NECL	- 1 Crali	To bost C	AROTI D	ENDAR TERECT
TIFICATION	Sequentielly list conditions,	DUE TO (OR AS A CI	ONSEQUENCE OF	٠.	-			
X X	If any, leading to immediate cause. Enter UNDERLYING	ATHEROSC	LER STI	e VASI	CULAR	21	SEASI	=
E	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO						
5 1	resulting in death) LAST	l						
IL CE	PART II. Other eignificant conditions	contributing to deeth but	not resulting i	n the underlying caus	e given in Par	1. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: /		26. PLACE O	F DEATH (Check of	only one)		
IYSICI/	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 200 ER/Outpati		4 - Nursing Home 5 -				
P P	Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ		MAN	d. DESCRIBE HOW IN		
B B	2)(3) Accident Investigation 3 Suicide 6 Could not be	7/8/93 28e. PLACE OF INJURY —	- At home, farm, s	R	U	URING ENDAR		
TED BY PH	4 Homicide determined	building, etc. (Specify,	')	PERATING ROOM		City or Town, State)		TOWSON, MD.
E B	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled						1040014, 1.01
COMPLET	anal .	R: On the besis of examination a						e(a) and manner as stated.
C	296. SIGNATURE AND TITLE OF CERTIFIER		1)	290 1	LICENSE NUMBEI			ED (Month, Day, Year)
O BE COMPLE		1-100.M	1 rai	tologio. D	1282	44	► 7/12	
ဋ	30. NAME AND ADDRESS OF PERSON WHO							
	Toki			Towson Maryla	nd 21204			
120	31. DATE FILEO (Month, Day, Year)  JUL 1 6 1993	32. REGISTRAR'S SIGNATION AND PROPERTY AND P						
	10F 10 1000							

(%)

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND	EMEMINISTRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the host	ATHEFUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely med in by the funeral director, page 5 should be detached in the mean many or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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U	la la	ely in	, the
9	d with	mplet.	event
317	ecute	ind co	atic
×	pe ea	ician a	maeu
BC	ificate	physi ane pr	her t
0	n cert	nding Hygle	or of
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	deat	Aemtal	ury,
SQ	at the	by th	y in
OH	th sa	gned	\$ 3H
EC	requir	een si	show
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A	E T	cate State	item
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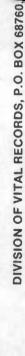
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF	DEAT	H		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH 3. TH				
RUTE	H REBECCA	<b>JACOBS</b>			MONTH DAY				GAM M	
4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	Dey, Year)	8.	BIRTHPL Country)	ACE (State or Foreign	
		31 YRS.			05		12	Mary	land	
9e. FACILITY NAME (If not institution, give a			and I	R LOCATION OF D		,	9c. COUNTY			
Chapel Hill Nursi	ing Home		Kanda	allstown			В	alti	more	
10e. STATE 10b. COUNTY	r	10c. CITY,	TOWN OR LOCAT	ION				10	d. INSIDE CITY	
Maryland		1	Baltimo	re				1	LIMITS?  YES 2 NO	
10e. STREET AND NUMBER			101	. ZIP CODE					T COUNTRY?	
1916 Parksley Av				21230			U	.S.A		
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IF FORCES? 1 YES			ENDENT OF HISPA			or No- 14	Black, V	American Indien, White, atc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES	2 XNO Specif	fy:			Specify:	White	
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U			16b.	KIND OF BUS	SINESS/INDUS			
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	ork done during mo retired.)	at of working						
		Office	Worker				Banki	ng		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, A	fiddle, Maiden	Surname)		- 10	
Jacob ADAMS				Mary	F	REED		1		
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural					.= 01101	
Mary Bolton					Rd, N				MD 21104	
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	ovel from State	other place)					CATION — CIT		A STATE OF THE STA	
4 Donetion 5 Other (Specify)		restlawn		OI Memor		Mar	riotts	AITI	.e, MD	
All didnistration of the state	MA			RD FUNER		OME, I	NC.			
Warin At	Samlle		4107	Wilkens	Ave,	Balti	more,		21229	
23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on a	d tha daath. Do no ach lina.	ot antar tha mo	da of dyling, aud	ch aa card	lac or reapl	retory arres	t,	Approximate interval Between	
	a. Atharose		Coro	nory 6	1-30	-1.	Dise	ese	Onaat and Daath	
		CONSEQUENCE OF)								
Sequentially list conditions,	b			<del>-</del>					-	
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	( CONSEQUENCE OF)	:							
CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF)	:							
resulting in death) LAST	d									
PART II On a classificate and district					Alex I			1.	1	
PART II. Other algorificant condition	a contributing to death b	out not reauting in	tha undariyin	g cause given in	Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
Demonts					—	1 TYES 2	NO		OMPLETION OF CAUSE F DEATH?	
								1	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				405 05 D5474 (0						
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C						
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY	28b. TiME		REST AT	1	1-1-1-11	NJURY OCCU	en .		
1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	PRK?	260, 020	CHIBE HOW I	NONT OCCO	TED		
2 Accident Investigation 3 Suitable 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number)						te Number,				
4 Homicide 8 Could not be determined	building, etc. (Spe	cffy)			City	or Town, State)				
290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	riedge, death occurred	d at the time, date	end place, and du	e to the cau	sa(e) and me	ner se stated			
anal	ER: On the basis of examination								nd manner ee stated.	
296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d, DATE S	IGNED (M	fonth, Day, Year)	
	51, MO			1328			17/			
30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type,	Print)	00-0			.,	-	, , ,	
Dr. Robert Moss	114 Busines			Reister	stown	ı, MD	21136			
31. DATE FILED (Month, Day, Year)	to RECOURTAGES SIGN	Dint. M.								
<b>JUL 1 6 1993</b>	guna wavegood	Marketine								

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. I	NO.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
DAVID	F.		JONES	, Sr.	0.7 1.0		11:54 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
217-09-9380	1 🔯 M 2 🗆 F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year 10 14	)	country) arvland
96. FACILITY NAME (If not institution, give		ST.	9b. CITY, TOWN BALTI	MORE	АТН	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT							
201 N. WASH RESIDENCE OF DECEDENT 100. STATE 100. COUNT	Υ	10c. CI	TY, TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?
		Ba	altimor	9			1 YES 2 NO
100. STREET AND NUMBER 201 N. Washing 11. MARITAL STATUS	ston Str	20+	10	. ZIP CODE			OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT E			21231		US	
3 Widowed 4 Divorced		YES 2 NO	If yes, sp		NC ORIGIN? (Specify n, Puerto Rican, atc.) /:		RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S EDU	CATION		S USUAL OCCUPATE		16b, KIND OF	BUSINESS/INDUS	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	work done during mouse retired.)	ast of working	3,000		
, , , , , , , , , , , , , , , , , , , ,	oolloge (1-4 til 5 4)	Drive	. 20		Prat	t Empl	ovment
15. DECEDENT'S EDI. (Specify only highest grack Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		DITVE		16. MOTHER'S NA	ME (First, Middle, Maid		4
Thomas Jones	5			Lavin	ia Foun	tain	
198. INFORMART'S NAME (Type/PTINI)		19b. MAILIN	G ADDRESS (Street	and Number or Rural I	Route Number, City or	Town, State, Zip Co	de) 21239
Delores Jones		1529	Kings	vay Roa	d Balt	imore,	Maryland
20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ren	rough from State	20b. PLACE AND DATE		ameol	DATE 20c.	LOCATION - City	or Town, State
4 Donation 8 Other (Specify)	17	Garriso		st. Vet.	1413/193	wings	Mills, Md
21. SIGNATURE OF FUNERAL SERVICE L	CÉNSEE 7			ND ADDRESS OF FA	CILITY		McCulloh St
Deros 9	arro						
23. PART I. Enter the diseases, or	complications that a	award the death. De	IChatr	nan-Har	ris F/H	Dalti	more, Md2121
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	h	R AS A CONSEQUENCE					Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions	COUE TO (OI	R AS A CONSEQUENCE (	OF):				
PART II. Other algorificant condition	no contribution to de	ath hut not a sulting	t- 4b				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  157 YES 2 NO  27. MANNER OF DEATH	orange to de	atti bat not jealiting	in the dilucitym	g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)		
1 VES 2 □ NO		R/Outpatient 3 🗆 DOA		ne 5 Reeldence	8 C Other (Specify)		
27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY 285. TI	IJURY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	ED
a Clausian —	28e. PLACE OF I building, atd	NJURY — At home, farm, (Specify)	street, factory, offic	•	281. LOCATION (Stre City or Town, St		Rural Route Number,
		knowledge, death occur					
2 MEDICAL EXAMIN	ER: On the beele of exam	nination and/or investigat	ion, in my opinion, o	leath occured at the	time, date and pieca	, and dua to the c	euse(e) end menner as stated.
296, SIGNATURE AND TITLE OF CERTIFIE	San	~		O . C . M			GNED (Month, Day, Year) 11-1993
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)	1 1			
/\ /\\ /\\ /\\	1/28				- 7 1 3 -		-1 2100
30-DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	Penn St	ceet, B	altimor	e, Mar	yland 2120



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020







BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burlal-transit permit. Pag	al examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page be filled within 72 hours after death with the State Dept, of Heatth and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	IEALTH AND M	ENTAL HYGIENE REG. NO.	, 0	LOOLL	
	1. DECEDENT'S NAME (First, Middle, Last)  C. LIFT	ON JONES	Nathani			2. DATE OF DEATH MONTH DAY			4 4
	4. SOCIAL SECURITY NUMBER 218-32-5324	5. SEX 6. AGE (III		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.8	BIRTHPLACE (State or Foreig Country)	gn
TOR L	99. FACILITY NAME (If not institution, give s  Northwest Hosp RESIDENCE OF DECEDENT				R LOCATION OF DEAT		Balti	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	imore		own on Local		<u> </u>		10d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 3211 Burnbrook	Lane		101	21207			OF WHAT COUNTRY?	
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Was decedent ever in Forces? 1 1 yes if yes, give wan or day Korean E.	2 NO TES	If yes, sp		ORIGIN? (Specify Yea Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Truck	done during mo tired.)	st of working	16b. KIND OF BUS	INESS/INDUST	RY	
BE COM	10th grade  17. FATHER'S NAME (First, Middle, Lest)  Edward Jones				18. MOTHER'S NAME	(First, Middle, Maiden S	Surname) JOHNS	5 O N	
10 8	19s. INFORMANT'S NAME (Type/Print) Phyllis Jones				nd Number or Rural Rou	rte Number, City or Town	, State, Zip Code		7
	20e. METHOD OF DISPOSITION  130 Buriel 2 Cremetion 3 Reme  4 Donetion 5 Other (Specify)	oval from State Ceme	PLACEANDDATEGED	isposition (Ne plece) Fores	t Vet. 7	19/93 Cem. Owi	ATION - City		
	· farmy	Auric		Chat		ris F/H	Balti	McCulloh more,Md21	St 21
	23. PART i. Enter the diseases, or can shock, or heart feilure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	DUE TO (OR AS A 6	Hyper			as cardlec or reepir	atory arrest,	Approximate interval Betwoonset and Di	reen
EHILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):						
EDICAL C	PART II. Other significent condition	s contributing to death bu	t not resulting in the	ne underlying	g ceuse given in Pa	24a. WAS AN A PERFORM 1 YES 2	#ED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	15
HYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	anch of pr			ACE OF DEATH (Check	only one)		1   YES 2   NO	
FHYS	1  YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending	1   Inpatient 2   ER/Outpat		28c. INJ WO	URY AT 2  VES 2 NO	Other (Specify)	JURY OCCURE	ED	$\dashv$
IEU BI	2 Accident Investigation 3 Suicide 6 Could not be determined	28e, PLACE OF INJURY - building, etc. (Specifi	— At home, ferm, atree			81. LOCATION (Street an City or Town, State)	d Number or Au	ural Route Number,	
COMPLETED		CIAN: To the best of my knowle R: On the besis of examination						use(s) and menner sa state	d.
	29b. SIGNATURE AND TITLE OF CERTIFIER	A Fa	office	1	D-405	2	29d. DATE SIG	INED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO DL. D CHANCY  31. DATE FILED (Month, Day, Year)	NO LTH WE	OLD COLD	TAL R	CENTER D RAN	DALLSTOWA	U, MD	১।33	
	1111 1 6 1000	20							- 1

DHMH-16 Ray 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundaryments permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.
IMPURIANE IN HOM 28 IS MARKED, OF HOM 23 SHOWS BMY INJURY, OF OTHER WALLE EVENT, THE MEDICAL EXAMINER MUST BE NOTHING AT DAKE.

	MANUEL CAN AND AND AND AND AND AND AND AND AND A								3. TIME OF DEATH						
	Rose Beatrice James								7 13 93 10 45			1045 PM			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs							IF UNDE	R 24 HRS.	7. DATE OF	BIRTH	_	8. BIRTH	IPLACE (State or Foreign	
	125-38-887	85	YRS.	MONTHS	DAYS	HOURS	MIN.	2-1-	2-1-08 Country) New Jer			Jersey			
	9e. FACILITY NAME (If not in		9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH		9c. COL	INTY OF D					
DIRECTOR	Greater Laurel Beltsville Hospital Laurel Prince Geo														
<u>n</u>	10a. STATE 10b. COUNTY					TY, TOWN	OR LOCA	TION						10d, INSIDE CITY	
# I	New York Nassau					Baldw	in							LIMITS?	
	10e. STREET AND NUMBER		-				10	1. ZIP COD	E			10a, CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	622 Stanton Ave.							115	310					States	
3	11. MARITAL STATUS	11 11101	12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.	WAS OE			IC ORIGIN? (S	necify Yes			E — American Indian,	
	1 Never Married 2		FORCES? 1				lf yes, sp	ecify Cube	on, Mexicar Specify	1, Puerto Rica	n, etc.)	0. 1.0	Blaci	k, White, etc.	
B	3X Widowed 4 Divo	erced		0 0 2	•			2 W HO	Specify				Speci Whi		
COMPLETED	15. DEC	EDENT'S EDU y highest grade	CATION	16-	a. DECEDENT'S	USUAL O	CCUPATI	ON		16b. KINO OF BUSINESS/INDUSTRY					
	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life, Do NOT u	ise retired.)	during me	ISL OF WORK	ng						
d l			0		Hor	nemak	er			Ho	ome				
Ö	17. FATHER'S NAME (First, M	liddle, Last)				_		18. MQT	HER'S NAM	ME (First, Midd	ie, Maiden	Sumame)			
BE (	Unknown Sch	ofield	l				Rose Unk				a				
TO B	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILIN	G ADDRESS	S (Street a	and Numbe	r or Rural A	loute Number, (	City or Town	n, State, Zij	p Code)		
-	Marilyn Bur	gess S	aunders		3565 1	Ft. M	leade	e Rd.	#52	0, Lau	urel, Maryland 20724			d 20724	
	20a. METHOD OF DISPOSIT		oval from State	20b. PL	ACE AND DATE	OFDISPOS	SITION (Na	ame of		DATE	20c. LO	CATION — City or Town, State			
	4 Donetion 5 Other	(Specify)		- Bal	Itimore	e Was	hing	gton	Crem	7/15	Lau	rel,	Mar	Maryland	
- 8	21. SIGNATURE ØF\FUNERA	L SERVICE LIC	CENSEE			22.	NAME A	ND ADDRE	SS OF FAC	Fle YELE	eck I	uner	al H	lome, Inc.	
	RO	12	1.	2/5	S	.   7	601	Sand	ly Sp	ring I	Rd.,	Laur	cel,	Md. 20707	
	23. PART I. Enter the di	Iseases, Dr C	complications the	t ceused th	e death. Do	not enter	the mo	de of dy	ing, such	es cerdiac	or respi	ratory ar	rest,	Approximata	
	IMMEDIATE CAUSE (Fir		-		Onset an							Onset and Death			
	disease or condition resulting in death)	disease or condition													
	DUE TO (OR AS & CONSEQUENCE OF):														
Z	Sequentielly list conditions.														
CERTIFICATION	if any, leading to imme-	diete	OUE TO	(OR AS A CO	NSEOUENCE C	F):									
2	cause. Enter UNDERLY! CAUSE (Disease or Inju		c	(OD 10 1 00											
	that initiated events resulting in death) LAS	,	DUE TO	(OR AS A CO	NSEQUENCE C	HF):								1	
英	d.														
	PART II. Other eignifice	nt condition	s contributing to	deeth but r	not resulting	In the ur	derlyln	g cause	given in i	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
MEDICAL											PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										_   ' '	_ 1E3 2	_ NO		OF DEATH?	
														1 YES 2 NO	
Ž	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	LACE OF D	EATH (Che	ck only one)					
SI	EXAMINER?  1 YES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER 4 Num	₹:			B Other (Sp	andad				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIR	AE OF	28c. INJ	URY AT	T	28d. DESCRI		JURY OC	CUREO		
- 20		Pending Investigation	(Month, D	ay, Year)	IN	JURY M		PRK7 YES 2	] NO						
9 8	a Deviate	Could not be	26e. PLACE O	F INJURY - /	At home, term,	street, tact	ory, offic	•		28t. LOCATIO	N (Street a	nd Number	r or Rural F	loute Number,	
COMPLETED		determined	ounding,	etc. (Specify)						City or To	wn, State)				
	290. CERTIFIER	IFYING PHYSI	CIAN: To the best of	my knowlede	a death coour	and at the t									
ž														) end manner se stated.	
	29b. SIGNATURE AND TITLE							_			piece, eik				
8	Mes Do	or centile	0	An.	111			29c. LICI	ENSE NUM	7/6		29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WILL	O COMPLETED CAUS	T IV	(ITEM OD CE	Delect			00	110			1/1	(1)	
	ANDRE		Con all	A OF DEATH	-	c (1	151	NU	1 =	-10	1.		. ,		
		Year)	2 32, REGISTRA	R'S SIGNATUI		0/1	6/0	/-/	41	V 5	LAY	2	50	40 20707	
ł	1111 1 6 10	193	gena Davis	bon-Ra	ndese									Ì	
	000 -	700		14	*****										

		3 should	
BALTIMORE, MARYLAND 21203-3146	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Secural after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit was a straining permit while the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi 2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	Pag	al di		ner	l
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Counts after death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be n	
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	he is	has	e De	E 2	ı
	N: T	Cate	be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.	Ite	۱
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	112010111111							-		TEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH	
	Maurice E. Jones									7-14-93 YEAR 1300				
	4. SOCIAL SECURITY NUMBER	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	ATE OF BIRTH 6. BIRTHPLACE (State or Fo						
	212-16-2504	Month				(Month D	ly, Year)	10	Countr					
				AONTHS DAYS HOURS MIN. 8-3/-19/9 Mary.  So. CITY, TOWN OR LOCATION OF DEATH  So. COUNTY OF DEATH										
_	9a. FACILITY NAME (if not institution, give street and number)								EATH		9c. COU	NTY OF D	EATH	
FUNERAL DIRECTOR	1600 Gail Rd. Apt. 3					lti	more				Mai	rula	nd	
5	RESIDENCE OF DECEDENT					ä						0		
2	10a, STATE 10b, COUNTY			10c. CITY	r, town o	R LOCA	TION						10d, INSIDE CITY LIMITS?	
<u> </u>	Maryland 5	ALTIMOR	12	167		191.71	l:		1 TES 2 NO					
A	106, STREET AND NUMBER		10f. ZIP CODE					10g. CIT	. CITIZEN OF WHAT COUNTRY?					
8	1600 Gail Rd.			21221 4.5					S.A					
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13. \	MAS DE	CENDENT O	F HISPAN	NIC ORIGIN? (S	Specify Yea		14. RACE	- American Indian,	
<u>u</u> ,	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W		NO						Puerto Rican, etc.) Black, White, etc.				
B	3 🔀 Widowed 4 🗌 Divorced	11 723, 0172 11	An On DAILS			744	S 3 NO	opecin	у.	specify: White				
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL OC	OCCUPATION 16b, KIND OF BUSH					INESS/IN	DUSTRY		
Ē,	(Specify only highest grade		, (C	Give kind of ve. Do NOT us	vork done o	during m	ost of workin	ng						
	Elementery/Secondary (0-12)	College (1-4 or 5	Pno	duce	Sa	101	man		5	ell				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		100		- 0 a	~ C/	7	UEDIO MA	ME (First, Midd		0	- :		
8	Edward L. Jon	es					I Me	INU	Hild Route Number,	a Be	nny			
2	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS	(Street	and Number	or Rural I	Route Number,	City or Town	n, State, Zi	(p Code)		
	Frank L. Jone	.1		7325	Hu	ohe	21 A	ve.	2/2/	9				
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Na	me of ce	res Ave. 2/2/9  / cemetery, cremetory or 20c. LOCATION — City or Town, \$				own, State			
	1 Buriel 2 Cremetion 3 Rem	oval from Stata	Q c	time		C				0	1,.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY			mo n e		
	HO. W	00			#	ant	Leu	Mil	Llen	Fune	nal	Hon	10	
_	23. PART i. Enter the disease, or	filler			7	527	Ha	rfor	nd Rd	21	234	71 011		
	23. PART i. Enter the diseases, or	complications the	t caused the d	aath. Do r	not anter	tha m	oda of dy	ing, auc	h as cardia	or reapl	ratory a	rreat,	Approximata	
	shock, or heart feilure.  IMMEDIATE CAUSE (Finel	Clat only one cat	laa on aech lin		A	1	1		)				Interval Betwee Onset and Daat	
	disease or condition A Cart Intra Cara Pala V There are have													
	resulting in deeth)	DUE TO	(OR AS A CONSI	EQUENCE OF	F):	100			1	1				
_														
ő	Sequentially list conditions,													
A	If any, leading to immediate cause. Enter UNDERLYING													
임	CAUSE (Disease or Injury	c. DUE TO	(OR AS A CONSI	EQUENCE O	F):								+	
CERTIFICATION	that initiated events resulting in death) LAST				. ,-									
<b>H</b>		d											-	
	PART II. Other significant condition	ns contributing to	death but not	resulting	in tha un	darlyir	ng cause	given in	Part I. 2	le. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS	
EDICAL									PERFORMED? AVAILABLE PRIO COMPLETION DI			AVAILABLE PRIOR TO COMPLETION DF CAUSE		
									1	YES 2	□ NO		OF DEATH?	
_									_ [				1 TYES 2 NO	
ä														
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						PLACE OF D	EATH (Ch	heck only one)					
S	1 Tes 2 No	HOSPITAL:	ER/Outpatient	3 DOA	4 Nur		me 5 🗆 R	esidence	8 Other (S	(pecify)				
PHYSICIAN: N	27. MANNER OF DEATH	28a. DATE OF		28b. TIM			JURY AT		28d. DEŞCF	IBE HOW I	NJURY O	CCURED		
	1 Natural 5 Pending	(Month, E	ray, rear)	INC	JURY M		YES 2	NO						
В	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At t	ome, farm,	atreet, fact	tory, offi	ica		28f, LOCATI	ON (Street a	and Numbe	er or Rurei	Route Number,	
<u> </u>	4 Homicide determined		atc. (Specify)						City or	Town, State)				
E					_				<u> </u>					
4	COTTOCK OTTY	ICIAN: To the best of	my knowledge, o	death occurr	ed at the t	ime, dat	te and place	, and due	a to the cause	(a) and mai	nner as st	ated.		
COMPLETED	one) 2 MEDICAL EXAMINI	ER: On the beals of s	xamination and/o	r investigation	on, in my o	opinion,	death occu	red at the	s time, data ar	d placa, an	d dua to	the cause(	e) and manner as stated.	
	29b. SIGNATURE ANDITITLE OF CERTIFIE	R					29c, LIC	ENSE NU	MBER		29d. DA	TE SIGNE	(Month, Day, Year)	
BE	TP DAMAGE	Vh.	D				D	276	72			7-	15-93	
10	SO NAME AND ADDRESS OF BERNES!	to complete com	CE OF DEATH	FM OT 7	Delett		1 +1	, , 0	2			1		
_	30. NAME AND ADDRESS OF PERSON WE		SE OF DEATH (IT			11	11.	p 14	211	0	٠ ٨٠	77		
		NAN	211		Dun	107	TLK	. 1	+VE	Į.	BAL	10.	MD 2122	
1	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	200_										
7	JUL 1 P 1993	1-												

REG. NO.

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BALTIMORE, MARYLAND 2	.59
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the hospital w

FOR STATE REGISTRAR

1 -

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 0 M 2 | F YRS. permit. Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR more DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Inone 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 뇶 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE If yes, specify Cubar, Maxican, Puarto Rican 1 Never Married 2 Married ВУ IF YES, GIVE WAR OR DATES YES 2 19-NO Specify: 4 Divorced detached for use as the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only high Page 6 may be retained by the hospital or (0-12) College (1-4 or 5+) C RAN be notified at once, 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (Eirst, Middle, Maide page 5 should be ø BE and Number or Rural Route State Zin Co 2 20a. METHOD OF DISPOSITION 1 2 Burlet 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION 3 🗆 Re director. 4 Donation 5 D Other (Specify) DR examiner 21. SIGNATURE OF TUNENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral TOSE 2 ê medical 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cerdiec or respisatory errest, in by Approximate/ lock, or heart failure. List only one ceuse on each line. intervai Between 50 filled IMMEDIATE CAUSE (Final Onset and Death certificate has been signed by the attending physician and completely filled in the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, at, or Item 23 shows any Injury, or other traumatic event, the r disease or condition resulting in death) archae DUE TO (OR AS A CONSEQUENCE OF) anon BY PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO HOSPICE 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 Other (Specify) 4 I Num 5 Residence 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? with 1 28d. OESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO After the 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: hours after 4 Homicide item 28 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and menner as stated. (Check only one) TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d, DATE SIGNED /M 23 2 DR W: 820 N EUTAW OR and 57 201 31. DATE FILEO (Month, Day, 32. REGISTRAR'S SIGNATURE 6 1993 TOTAL SE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOWNER HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin	1, cremation, or removal.	IMPORTANT: If tiem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTAL HYGIEN					
0.00	1. DECEDENT'S NAME (First, Middle, Lest) HERBERT ALFRED K	ERSCHNER, JR				2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH			
3	4. SOCIAL SECURITY NUMBER 165-26-6717		'In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	The state of the s					
OR	99. FACILITY NAME (If not institution, give street end number)  90. CITY, TOWN OR LOCATION OF DEATH  1242 WASHINGTON BVLD.  BALTTMORE CITY										
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT  MD	Y		TOWN OR LOCA	R LOCATION 10d. INSIDE CIT						
FUNERAL D	100. STREET AND NUMBER 1242 WASHINGTON E	VLD.			1. ZIP CODE	230	U.S.	PF WHAT COUNTRY?			
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed Divorced	U.S. ARMED 2 NO NTES 957	If yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specify Yea en, Puerto Rican, etc.)	or No 14, F	tACE — American Indian, Black, White, etc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7th	CATION completed) College (1-4 or 5 +)	Ilfe. Do NOT use	vk done during mo	ATION 16b. KIND OF BUSINESS/INDUSTRY						
	17. FATHER'S NAME (First, Middle, Lest) HERBERT A. KERSC	HNER, SR.			4	AME (First, Middle, Maiden RED HITCHEN	.,				
TO BE	190. INFORMANT'S NAME (Type/Print) MARY M. HAILEY		19b. MAILING A	DORESS (Street a	and Number or Rural	Route Number, City or Tow BALTIMORE,	n, Stete, Zip Code	230			
	20a. METHOD OF DISPOSITION  **Complete 2   Cremation 3   Removal from State  4   Donetton 5   Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE U	CENSEE DIN	1	CHARLI	ES L. ST	EVENS FUNER AVENUE, BAI	PAL HOME	E, INC.			
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, allowed anock, or heart failure. List only one cause on each line.    Approximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and proximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and proximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and proximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and proximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and proximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and proximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and proximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and proximate interval Between Onset and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death of the mode of dying, such as cardiec or respiratory arrest, and Death o										
PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i.  Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i.  PERFORMED?  1 YES 2 NO  1 YES 2 NO										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	eck only one)					
14SI	1  YES 2 NO	1 - Inpetient 2 - ER/Outp	etlent 3 DOA 4		ome 5 Residence 8 Other (Specity)						
BY PI	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	WO WO	URY AT RK? /ES 2 NO	7					
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28t. LOCATION (Street end Number or Rural Route City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, Stete)							ral Route Number,			
COMPLETED		CIAN: To the best of my knowl						se(e) end manner ae stated.			
H	29b. SIGNATURE AND TIME OF CERTIFIED				29c. LICENSE NUI	WBER		FED (Month, Day, Year)			
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P.	rint)	011	, ,	"//	6/75			
5	31. DATE FILED (*4nnth, Day, Year)	22. REGISTRAR'S SIGN	TIOF			_					

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BALTIMORE, MARYLAND 2

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Matilda Μ. July 1993 Kampe 15, 2:00 a. M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morth, Day, Year) NOV . 4, 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 217-26-1124 1 🗌 M 2 💢 F 92 YRS. 1900 Maryland mal-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATN 9c. COUNTY OF DEATH FUNERAL DIRECTOR 4408 Arabia Avenue Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City 1 X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 4408 Arabia Avenue 21214 United States 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE - American Indian, Black. White, stc. FORCES? 1 YES 2 X NO 1 Never Merried 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES ВҮ 1 YES 2 X NO Specify: White 3 X Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY JQ. ndary (0-12) College (1-4 or 5+) 24 hours after death. Page 6 may be retained by the hospital be detached 8 Homemaker 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) a 0'Connor Matthew Matilda Reese BE notified a in and completely filled in by the funeral director, page 5 should to burial, cremation, or removal. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4408 Arabia Avenue Baltimore, Md. 19a. INFORMANT'S NAME (Type/Print) 2 21214 Matthew J. Abbott ě 20s. METHOD OF DISPOSITION
1 

M Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must New Cathedral Cem. 7/17/93 4 Donation 5 Other (Specify) Baltimore Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY J Knight Jr Milton Baltimore, Md. 21214 Milton Leonard J. Ruck, Inc. 5305 Harford Road medical 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiretory arrest, Approximeta ahock, or heert feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finei **Onset and Death** the disease or condition event, resulting in death) executed traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate been signed by the attending physician of Health and Mental Hygiene prior to 8 . Enter UNDERLYING CAUSE (Disease or Injury other 1 that initiated events resulting in death) LAST Injury, or PART II. Other aignificent conditions contributing to deeth but not resulting in the MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE that shows any 1 YES 2 NO OF DEATH? requires 1 YES 2 NO ICIAN: this certificate has by with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: PHYSI 1 TES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Matural 5 Pending BY 1 YES 2 NO After 1 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BIGNATURE AND TITLE OF CERTIFIES BE MO 2 USE OF DEATH (ITEM 27) (Type, Print) Donald Mintzer M.D. 3009 Evergreen Avenue Baltimore, Md. 21214 3. REGISTRAR'S SIGNATURE whe hardson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending obvision
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Mario Tosophino Vittile

12 Pare of Death

	REGISTRAN			OATE OF	DEATH	н	EG. NO.				
13	1. DECEDENT'S NAME (First, Middle, Last)	Marie Josep	hine Kut	rik		2. DATE OF	DEATH		3. TIME OF DEATH		
11	MADIE	DSEPHYNE				MONTH	DAY	YEAR	4:00 0		
				UTRI	K		13	93	4:58 PM		
			(in yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E		8. BIRTHP	LACE (State or Foreign		
1	214-16-38081	THORE -	70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De		Country)			
	2/22/23 ///// 4///										
1 8	9e. FACILITY NAME (If not institution, give street	t end number)	ROAD	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. C	OUNTY OF DE	ATH		
CC	ST TASE	0.1'	COILD	1		1.10		01			
일	RESIDENCE OF DECEDENT	PH'S 14	05/2-17/2	10	WSON.	MIASA	CAMID	1314	27 Imore		
ပ											
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION				10d, INSIDE CITY LIMITS?		
ᅙ	Maryland Balti	more County	Da	rkton					1 YES 2 NO		
	10e. STREET AND NUMBER	MOTO COUNTRY			and the same of th						
≲				( )	Of. ZIP CODE		10g.	CITIZEN OF WI	HAT COUNTRY?		
FUNERAL	731 Dairy Road				21120		Į Į	J.S.A.			
3	11. MARITAL STATUS	2. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DE	CENDENT OF HISPAN	IIC OBIGINA (6)			American Late		
正	1 Never Married 2 🕅 Merried	FORCES? 1 YES	2 K NO	If yee, i	specify Cuben, Mexica	n, Puerto Ricer	n, etc.)	Black,	Americen Indian, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YE	S 2 NO Specify	<i>r</i> :		Specify			
								Whit	te l		
	15. DECEDENT'S EOUCAT	TON	16a. DECEOENT'S	USUAL OCCUPAT	ION	16b. KIN	D OF BUSINESS	INDUSTRY			
	(Specify only highest grade con		(Give kind of w	ork done during n	nost of working						
=		College (1-4 or 5+)									
불	8th Grade		Home Ma	ker		Ho	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle	e. Maiden Surnam	e)			
	George Watkins							-,			
H						Walz					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	end Number or Rural F	Route Number, C	City or Town, State,	Zip Code)			
유	John Michael Kutri	k, Sr.	731 D	airy Ro	ad, Parkt	on Ma	bac Iver	21120			
	44- 115-110- 45-110-1-11										
	20a. METHOD OF DISPOSITION  (☼) Buriel 2 ☐ Cremation 3 ☐ Remova		PLACE AND DATE O			OATE	20c. LOCATION	- City or Tow	n, State		
	4 Donation 5 Other (Specify)	G G	ardens o	f Faith	Cemetery	7/17	Baltin	more. N	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SER (		22 NAME	AND ADDRESS OF FAC	NI (TV			72020		
	$\nu - 1$	//			C. Miller						
	Darbluer B	1 . h .		6415	Dolain Do	, IIIC.	7 4 4	2/	1 1 22 20 6		
$\vdash$	20 20-2	Burgas	W.	10412	betatt K	au, ba	TETHOLE	e, Mary	land 21206		
	23. PART I. Enter the diseases, or com- lock, or heart failure. Lis	nplications that caused	the deeth. Do n	ot enter the m	ode of dying, such	h aa cerdlec	or respiratory	arrest,	Approximate		
	IMMEDIATE CAUSE (Final	t only one ceuse on e	eca line.						Interval Between		
	I IMMEDIALE CAUSE FINAL								Onwest and Deces		
1 1			0.	1	1				Onset and Death		
	disease or condition resulting in death)	myoc	andia	P in	Par tu	1			Onset and Death		
	disease or condition	DUE TO JOR AS A	CONSEQUENCE OF	eing	faretw				Onset and Death		
7	disease or condition	DUE TO OR AS A	CONSEQUENCE OF	e in	faretwo		_		Onset and Death		
NO	disease or condition	Comme a		ling	farcho	are			Onset and Death		
TION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Comme a	CONSEQUENCE OF	ling	farto	ase			Onset and Death		
CATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Comme a		l in	fartu	ase			Onset and Death		
FICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A		): ()	fartu	ase			Onset and Death		
TIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSTOUENCE OF	): ()	farche	ase			Onset and Death		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSTOUENCE OF	): ()	farche	ase			Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	):					Onset and Death		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	):			. WAS AN AUTOP		WERE AUTOPSY FINDINGS		
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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	the
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31. DATE FILED (Month, Day, Year)

JUL 1 6 1993

		MONTH DAY YEAR										3. TIME OF DEATN		
	1 3	Patricia						,		JUL			93	5:30 A
		4. SOCIAL SECURITY NUMBER 177-36-8259	5. SEX		yrs. lest birthday)	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF I (Month, De	y, Ybar)		8. BIRTNI Country	PLACE (State or Foreign y)
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inal-tr	FUNERAL	11. MARITAL STATUS  1. Never Married 2 Merried	12. WAS DECEDED FORCES?	NT EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT (	OF NISPAN	IIC ORIGIN? (S	pecify Yee	or No-	14. RACE Black	American Indian, White, etc.
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2 %	m	PRESTON LEM	MON						STELI					
5 should notified	0 8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	_		Poute Number, (		n, State, Zip (	Code)	
pe 5 s		RENE GERMAN			6002	MORV	IA I	PARKV	VAY I	DR. C-1	BAI	TIMO	RE.	MARYLAND
r. page		20e. METHOD OF DISPOSITION	moral from State	20b. F	PLACE AND DATE	OF DISPOS	ITION /A/a	eme of		CATE	20c LO	CATION C	the or You	um State
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e funeral div		21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	7		22.	NAME AI	ND ADDRE	SS OF FA	CILITY				
fr. exam		Flynd M	Then			1	SUU	DKU ATITT	TI DI	S FUNE	LKAL	SER, I	.A.	RYLAND 21
signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, Heatth and Mental Hygiene prior to bunal, cremation, or removal.  wws any injury, or other traumatic event, the medical examiner must be notified at ones.		23. PART I. Enter the diseases, or	complications the	at caused	the death. Do i	not enter	the mo	de of dy	ing, suci	h as cerdiec	or reepi	ratory arre	at.	Approximate
or re		shock, or heart failure IMMEDIATE CAUSE (Final	. List only one ca	use on eac	ch line.						•		,	Onset and Dec
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fter this cath with marked	B	1 X Natural 5 Pending 2 Accident Investigation				М		rES 2	ON [					
R: Af er de		3 Suicide 6 Could not be	28e. PLACE C building	OF INJURY -	At home, farm,	street, fect	ory, offic	•		28f. LOCATIO City or To		nd Number o	r Rural Ro	oute Number,
rs afte	ETE	4 Homicide determined												
L DIRE 2 hours 7 item	15	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	f my knowled	dge, dasth occum	ed at the ti	me, date	end place	, and dua	to the cause(a	end man	ner ee state	d.	
THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Dept. of PORTANT: If item 28 is marked, or item 23 sho	COMPL		AINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner ea at								end manner ee stated.			
M With	ш	296. SIGNATURE AND IIILE DE CERTIFIER  296. DATE SIGNED (Morith, Day, Year)									(Month, Day, Year)			
TO THE FUNER be filed within IMPORTANT:	8	Jalour &	arto M	70				ATA	438	946E1	2	▶.Ju	4	11,1993
	1 2 1								- / -		-1	-		/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REDISTRAR'S SIGNATURE

201 EAST UNIVERSITY

PASTOR H.D.

**CERTIFICATE OF DEATH** 

93 20629 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 5:30 AM 8. BIRTNPLACE (State or Foreign Country) S. CAROLINA 9c. COUNTY OF DEATN 10d. INSIDE CITY 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE --- American Indian, Black, White, etc. AFR. AMERICAN USINESS/INDUSTRY n Surname) wn, State, Zip Code) LTIMORE, MARYLAND OCATION -- City or Town, State ONSVILLE, MD. SER, P.A. IMORE, MARYLAND piratory arreat, Approximate Interval Batween Onset and Death 24hrs 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? N AUTOPSY

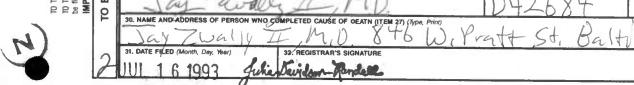
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PARKWAY BAKTIMORE HO 21218

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D THE HOSP D THE FUNE 6 filed within MPORTANT	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this exertificate has been signed by the attending physician and compollerly filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, remation, or removal. If filem 28 is marked, or flem 23 shows any Injury, or other traumatic evvent, the medical examiner must be notified at once.
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93 20630 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 49 YEAR MARGARET 117 LONGEST F. MI 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 🗌 M 2 🔯 F YRS. 220-18-5366 04 01 VIRGINIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN UNION MEMORIAL HOSPITAL FUNERAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 X YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3939 ROLAND AVENUE 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 1 TES 2 NO Specify 3 X Widowed 4 Divorced WHITE COMPLETED 16. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 6TH HOMEMAKER be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surneme) HOWARD GEER UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM W. LONGEST, SR. 24 SHERMAN WAY, CHESTER, MARYLAND 21619 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must LORRAINE PARK CEMETERY 7/15/93 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 6 3818 ROLAND AVENUE, BALTIMORE, MD. 21211 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition\_ est lu -0 mg resulting in death) DUE TO (OR AS A CONSEQUENCE OF) retuboli tallune PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Athersclerotic Coronary 1 TYES 2 THO 1 YES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 21 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident Investigation 3 Suicide 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide datermined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. ed at the time, date end place, end due to the cause(s) end manner as stated. 206 SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month



2/20

	1. DECEDENT'S NAME (First WILLIA)		D	MELEDO	ONES			2. DATE OF DEATH	3. TIME OF OEATH			
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (in yrs. lest		F UNDER 1 YE	AR IF UNDER 24 HRS.	07 12 1993			11:33	
	017-16-069		1 [X M 2 □ F	69		ONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		Countr	"	
8	9a. FACILITY NAME (If not in					CITY TO	MN OR LOCATION OF D	Jan. 14.	Mass	achusettes		
DIRECTOR		OHNS H		HOSPITAL		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						
EC	10a. STATE	10b. COUNT	Υ		10c. CITY, T	OWN OR LO	OCATION				10d. INSIDE CITY	
片	MD		BALTIMOR	E	TIMO	NIUM					LIMITS?	
A	10e. STREET AND NUMBER						101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
E	2311 Che	twood	Circle A	Apt. 304			21093			USA		
FUNERAL	11. MARITAL STATUS  1 Never Married 2	Х	12. WAS DECEDEN	TEVER IN U.S. ARM	MED O		DECENDENT OF HISPA		es or No—	14. RACE	— American Indian,	
B	3 Widowed 4 Dive		IF YES, GIVE V	MAR OR DATES			YES 24 NO Specif			Speci	lly:	
	15. OEC	EDENT'S EDL	I W.W.	II	EDENT'S US	HAL OCCU	PATION	16b. KINO OF B	I CONTROL (INC		ITE	
COMPLETED	(Specify online Elementary/Secondary (	y highest grade	College (1-4 or 5	(GA	re kind of work Do NOT use re	done during	g most of working	IOU. KINO OF B	USINESS/INL	DOSTRI		
립	, , ,	,		+ Rea	1 Esta	ate A	ppraiser	Rea1	Estat	:e		
Š	17. FATHER'S NAME (First, M							AME (First, Middle, Maide				
BE	Demosthe	nes K	. Meledon	ies			Elefth	eria Cono <sub>l</sub>	isis			
5	190. INFORMANT'S NAME (I		lones	19b	MAJLING AD	Chetw	eet and Number or Rural Tood Circl	Apt. 304	wn, State, Zip	code)	m, MD 21093	
	20st METHOD OF DISPOSIT			20b.PLACEA					OCATION —			
	1 ☐ Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	oval from State	Cemetery, crem			lem Garden	7/15/03	Timon	- duam	MD	
- 1	21. SIGNATURE OF FUNERLA	A BENGICE LI	PP I		-	22. NAM	E AND ADDRESS OF FA	CILITY			MIL	
	▶ Ltowell	M. L	ammon Ll	must			on-Mitche					
	23. PART I. Enter the d	iseeses, or	complications the	it caused the dec	th. Do not	enter the	mode of dying, suc	ch as cardiac or rea	piratory an	reat,	Approximate	
	IMMEDIATE CAUSE (Fig		List only one cer	use on each line.							Interval Between Onset and Death	
- 1	disease or condition resulting in death)	$\rightarrow$	. malia	nant a	erebro	100	Lema				7 days	
							2 4-17					
				1								
NO	Sequentially list condit	done,	brain	tumo	_						t days	
ATION	Sequentially list condit if any, leeding to imme cause. Enter UNDERLY	diata	brain	1	_						unproson	
IFICATION	if any, leeding to imme	diata ING	b. breath DUE TO	tumo	UENCE OF):						unproson	
RTIFICATION	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju	diata ING Iry	b. breath DUE TO	(OR AS A CONSEO	UENCE OF):						unproson	
CERTIFICATION	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuited events resulting in death) LAS	dieta ING ary	b. breath oue to c	OR AS A CONSEQ	UENCE OF):							
	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	dieta ING ary	b. breath oue to c	OR AS A CONSEQ	UENCE OF):			PERF	N AUTOPSY DRMED?	24b.	WERE AUTOPSY FINDINGS	
	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuited events resulting in death) LAS	dieta ING ary	b. breath oue to c	OR AS A CONSEQ	UENCE OF):			Part I. 24a. WAS A PERFI	PAMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuited events resulting in death) LAS	dieta ING ary	b. breath oue to c	OR AS A CONSEQ	UENCE OF):			PERF	PAMED?	246.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignifice  25. WAS CASE REFERRED T	ent condition	b. breath oue to c	OR AS A CONSEQ	UENCE OF):	ihe underi		PERFO	PAMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ent condition	b. breath over to c. Due to d	OR AS A CONSEQ	UENCE OF):	the underl	lying cause given in	PERFO	PAMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significates.  25. WAS CASE REFERRED TEXAMINER?  1   YES   NO	ent condition	DUE TO  d HOSPITAL: Disputent 2  28e. DATE OF	OR AS A CONSEQ	UENCE OF):  UENCE OF):  Doal of 4  20b. TIME O	2 THER: Nursing	lying cause given in  8. PLACE OF DEATH (C)  Home 5  Residence	PERFO	PAMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignifications of the cause of t	ent condition	DUE TO  DUE TO  DUE TO  d.  HOSPITAL:  D'Imputent 2 [  28a. DATA ( Morth, L	OR AS A CONSEQ	UENCE OF):  UENCE OF):  DESUITING In t	2 THER: Nursing NF 28c M 1	B. PLACE OF DEATH (C/) Home 5 Residence INJURY AT WORK?  YES 2 NO	PERFO	PAMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignifications of the cause of t	ont condition	DUE TO  DUE TO  DUE TO  d.  HOSPITAL:  28a. DATE OF (Month, L.)  28a. PLACE C.	OR AS A CONSEQ	UENCE OF):  UENCE OF):  DESUITING In t	2 THER: Nursing NF 28c M 1	B. PLACE OF DEATH (C/) Home 5 Residence INJURY AT WORK?  YES 2 NO	PERFO	INJURY OC	CURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignifice  25. WAS CASE REFERRED T EXAMINER?  1 YES BUILDING  27. MANNER OF DEATH    Natural 5	ent condition  O MEDICAL  Pending investigation  Could not be determined	DUE TO  C.  DUE TO  d.  HOSPITAL:  28a. DATE OF  (Month, L.  28a. PLACE C  building.	OR AS A CONSEQUENCE OF INJURY — At horn atc. (Specify)	UENCE OF):  UENCE OF):  DOA 4  20b. TIME O INJURY	22THER: Nursing WF 28cry M 1 et, factory,	B. PLACE OF DEATH (C/ Home 5   Residence INJURY AT WORK? YES 2   NO	PERFORMANCE TO THE PERFORMANCE T	I and Number	CURED  r or Rural F	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignifice  25. WAS CASE REFERRED T EXAMINER?  1   YES   100  27. MANNER OF DEATH   Netural 5   2   Accident 3   Suicide 6   4   Homicide  29a. CERTIFIER (Check only)	ent condition  O MEDICAL  Pending investigation Could not be determined	DUE TO  C.  DUE TO  d.  HOSPITAL:  28a. DATE OF  (Month, L.  28a. PLACE C  building.	OR AS A CONSEQUENCE OF INJURY — At home arc. (Specify)	UENCE OF):  UENCE OF):  DOA 0  DOA 4  20b. TIME O  INJURY  The, lerm, streeth occurred a	22 THER: Nursing F Y 1 et, factory,	B. PLACE OF DEATH (C/ Home 5   Residence INJURY AT WORK?   YES 2   NO office	PERFI 1 YES  1 YES  1 VES  6 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State  to the cause(s) and m	RMED?	CURED  or or Rural F	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injutation in the initiated events resulting in death) LAS  PART II. Other aignification in the initiated events resulting in death) LAS  25. WAS CASE REFERRED TEXAMINER?  1 YES 1 NO  27. MANNER OF DEATH  1 Netural 5	ont condition  O MEDICAL  Pending Investigation Could not be determined  TIFYING PHYS  NCAL EXAMINI	DUE TO  C.  DUE TO  d.  HOSPITAL:  Disciplation: 2 1  28a. DATE OF (Month, L.)  28a. PLACE C.  building.	OR AS A CONSEQUENCE OF INJURY — At home arc. (Specify)	UENCE OF):  UENCE OF):  DOA 0  DOA 4  20b. TIME O  INJURY  The, lerm, streeth occurred a	22 THER: Nursing F Y 1 et, factory,	Iying cause given in  8. PLACE OF DEATH (C/  Home 5   Residence INJURY AT WORK?   YES 2   NO office  date and place, and du on, death occured at the	PERF  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State)  to the cause(s) and me time, data and place,	PRMED?  INJURY OCI  In Injury Oci  It and Number  In Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number	cureD  r or Rural F  ted.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,	
PHYSICIAN: MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other aignifice  25. WAS CASE REFERRED T EXAMINER?  1   YES   100  27. MANNER OF DEATH   Netural 5   2   Accident 3   Suicide 6   4   Homicide  29a. CERTIFIER (Check only)	ont condition  O MEDICAL  Pending Investigation Could not be determined  TIFYING PHYS  NCAL EXAMINI	DUE TO  C.  DUE TO  d.  HOSPITAL:  Disciplation: 2 1  28a. DATE OF (Month, L.)  28a. PLACE C.  building.	OR AS A CONSEQUENCE OF INJURY — At home arc. (Specify)	UENCE OF):  UENCE OF):  DOA 0  DOA 4  20b. TIME O  INJURY  The, lerm, streeth occurred a	22 THER: Nursing F Y 1 et, factory,	B. PLACE OF DEATH (C/ Home 5   Residence INJURY AT WORK?   YES 2   NO office	PERF  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State)  to the cause(s) and me time, data and place,	PRMED?  INJURY OCI  In Injury Oci  It and Number  In Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number	cureD  r or Rural F  ted.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injutate initiated events resulting in desth) LAS  PART II. Other aignifice  25. WAS CASE REFERRED TEXAMINER?  1 YES DESTRUCTION  27. MANNER OF DEATH  Netural 5 DEATH  Netural 5 DEATH  Netural 5 DEATH  Netural 5 DEATH  Netural 5 DEATH  Cone Check only One) 2 DEETH  29b. SIGNATURE AND TITLE	ont condition  ont co	DUE TO  C.  DUE TO  d.  HOSPITAL:  O'-inputient 2  28a. DATE OF (Month, L.  28a. PLACE C building,  ICIAN: To the best of a	OR AS A CONSEQUENCE OF THE PROPERTY OF THE PRO	UENCE OF):  UENCE OF):  DOA 4  20b. TIME O INJURY  INTO COURTED A  TWESTIGNTON, I	22/THER: Nursing W 1 et, factory, it lhe lime, in my opinic	Iying cause given in  8. PLACE OF DEATH (C/  Home 5   Residence INJURY AT WORK?   YES 2   NO office  date and place, and du on, death occured at the	PERF  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State)  to the cause(s) and me time, data and place,	PRMED?  INJURY OCI  In Injury Oci  It and Number  In Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number	cureD  r or Rural F  ted.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in desth) LAS  PART II. Other signification of the cause of th	ont condition  O MEDICAL  Pending investigation  Could not be determined  TIFYING PHYS  ICAL EXAMINIT  F PERSON IN	DUE TO  C.  DUE TO  d.  HOSPITAL:  O'-inputient 2  28a. DATE OF (Month, L.  28a. PLACE C building,  ICIAN: To the best of a	OF INJURY — At hone atc. (Specify)  If my knowledge, dea examination and/or in SE OF DEATH (ITEM	UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  20b. TIME O  INJURY  INTO COURTED A  INVESTIGATION, I	22 THER: Nursing F 28c Y M 1 et, factory, it lihe lime, in my opinic	B. PLACE OF DEATH (C/ Home 5   Residence INJURY AT WORK?   YES 2   NO office  date and place, and due on, death occured at the	PERF  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State)  to the cause(s) and me time, data and place,	PRMED?  INJURY OCI  In Injury Oci  It and Number  In Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number	cureD  r or Rural F  ted.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in desth) LAS  PART II. Other signification of the cause of th	ont condition  ont condition  ont condition  ont condition  one condition  ont co	DUE TO  C.  DUE TO  d.  HOSPITAL:  January Computent 2  28a. DATE OF (Month, L.)  28a. PLACE Of building.  ICIAN: To the best of an incident	OF INJURY — At hone atc. (Specify)  If my knowledge, dea examination and/or in SE OF DEATH (ITEM	UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  20b. TIME O  INJURY  INTO COURTED A  INVESTIGATION, I	22 THER: Nursing F 28c Y M 1 et, factory, it lihe lime, in my opinic	Iying cause given in  8. PLACE OF DEATH (C/  Home 5   Residence INJURY AT WORK?   YES 2   NO office  date and place, and du on, death occured at the	PERF  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State)  to the cause(s) and me time, data and place,	PRMED?  INJURY OCI  In Injury Oci  It and Number  In Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number  Injury oci  It and Number	cureD  r or Rural F  ted.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,	

1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		YEAR	3. TIME OF DEATH	
Marie B. Marek							July 15, 1993			5:00 p.	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		Z. DAT	E OF BIRTH		8. BIRTH	HPLACE (State or Foreign	
212-03-3657	1 🗆 M 2	77	YRS.	MONTHS DAYS	HOURS MIN.	Ser	ot. 26,	191	5 M	aryland	
9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH	
4021 Bay Drive				В	altimore				Balt	imore	
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUNTY				T					115	10d. INSIDE CITY LIMITS?	
_	timore		Ba	ltimore						1 TES 2 NO	
4021 Bay Drive				21220		10g. CITIZE U.S			EN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR	MED NO	If yes,	ECENDENT OF HISP. apecify Cuban, Maxie ES 2 1 NO Spec	can, Puarto	iN? (Specify Ye o Rican, atc.)	a or No—	Blac	E — American Indian, k, Whita, atc.	
15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION	16	b. KIND OF BU	SINESS/INI	DUSTRY		
(Specify only highest grade ( Elementary/Secondary (0-12)	College (1-4 or 5	(G life	itve kind of . Do NOT u	work done during se retired.)	nost of working						
	V/A		mema	ker		(	Own Hon	ne			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First,	, Middle, Malden	Surname)			
Emmanuel Kliment					Bessie						
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	t and Number or Rura				Code)		
Charles B. Marek	Sr (Hu				ive, Bal						
20a. METHOD OF DISPOSITION	DI. (IIG			OF DISPOSITION			-	CATION —		war State	
1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Tother (Specify)	hombrons	cemetery, cre	matory or o	ther place)	Cemetery	7/			-	Maryland	
21. SIGNATURE OF FUNERAL SERVICE LICE		- Garder	IS OIL		AND ADDRESS OF F		I/ Do	AI CILI	DIE,	Paryrand	
1 1					nimunek I		al Hom	e			
from -	Kins			97	05 Belair	r Roa	d. Bal	timo	re. I	Md. 21236	
resulting in daath)	DUE TO	OR AS A CONSE	Phys Ouence o	ctwe/	reluctors	gry	dul	are		Many 4	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020



3. TIME OF DEATH 11: 20 AMM

Approximata Interval Between **Onset and Death** One month unknown few years)

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

201 EAST UNIVERSITY PARKWAY BACTIONRE - MARYLAND ZIZI8

	-		REGISTRAR				CEF	RTIF	CATI	E OF	DEAT	TH		REG. NO	).			
		.1	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF			1.000	3. TIME OF DEATH	1
		V	Bernard 1	N. Mey	rer								July	15.	1993	YEAR	11:20	A
			4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (	(In yrs. last b	irthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			PLACE (State or For	
_			212-05-3751		1√2√M 2 □ F	83		YRS.	MONTHS	DAYS	HOURS	MIN.	June	19.	1910	Mar	yland	
3 should			9a, FACILITY NAME (If not ins	titution, give s	treet and number)				9b. CITY	r, TOWN (	OR LOCATIO	ON OF DE				NTY OF D	-	_
e	6	5	Union Memorial Hospital Baltimore															
1, 2,	6	5	RESIDENCE OF DEC												1			_
020 physician. burial-transit permit. Pages 1,	DIRECTOR		Maryland	10b. COUNTY	Y				imoi	OR LOCAT	TION						10d. INSIDE CITY LIMITS? 1 YE8 2   P	40
E-I	A		10e. STREET AND NUMBER	<del>-</del>						101	ZIP CODE				10g. CITI	ZEN OF V	HAT COUNTRY?	_
nsit	H H	3501 St. Paul Street, Apt. 104 21218 U.S.A.																
215-0020 attending physician. se as the burial-tran	FUNERAL		11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	N U.S. ARME	D					IC ORIGIN? (S		s or No—	14. RACE	- American India	n,
Phy Pari		- 61	1 Never Married 2 I		FORCES? 1	WAR OR D	2NO				ecify Cuber 2 NO		n, Puarto Rica	in, etc.)			t, White, atc.	
15-0020 ending physic as the burial	8	- 11	3 Widowed 4 Divon	ced		WII					X					Оросо	"White	
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AND 2 he hospital detached to	ø	ŀ	N/A		N/A		Purc	chas	ing	Agei	nt		L	ee E	lectr	ric (	ompany	
Q 9 9	once.		17. FATHER'S NAME (First, Mic										ME (First, Mide		n Sumame)			
MARYL retained by the 5 should be	TO BE	. 1	Frederick Me	-							Agn	es D	• Ede	r				
MAR retained 5 should	10		19a. INFORMANT'S NAME (Ty)										loute Number,					
	2 -	·	Elizabeth M.	. Full	er (Sist	er)	69	907	D Do	onacl	nie F	coad,	, Balt	imor	e, Mo	l. 2]	.239	
BALTIMORE, after death. Page 6 may be by the funeral director, page	must be		20a. METHOD OF DISPOSITION 11 Burlel 2 □ Cremetion		ovel from State	20b	PLACE AND	DATE	FDISPOS	SITION /Na	ime of		DATE		DCATION -	City or To	wn, State	
AOR ge 6 ma irector, p	E		4 Donation 5 Other (		- Total	_ P	arkwc	od	Čeme	tery	7		7/17	Ba	ltimo	re,	Maryland	l
T & Ba	- Lucia	-	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE						D ADDRES			*****	- T	_		
BALTIM er death. Page the funeral dire	examiner		11	1	All'	_			1 2	5231 5CUII	nunek Breb	rur me T	eral	HOME Ral+	s, In	C.	. 21213	
BALTIMORE, rs after death. Page 6 may be n by the funeral director, page	<u>ca</u>		23. PART   Enter the dis	seesea, or o	complications the	it caused	d tha deat	h. Do n									Approxima	to.
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支 還 9	9		IMMEDIATE CAUSE (Fine disease or condition		C' -	0.		1		, ,		1 .		٠ا			Onset and	Dea
within 24 reletely fille	event,		resulting in death)	•	a. Se	(OP AS A	CONSEQUE	ENGE OF	m , (		ind	non	nopa	Trug			One my	M
executed within 2 and completely	6			_	DOE TO								seare				In have	1.1
K 68	or other traumatic ERTIFICATION		Sequentially list condition	ons,	b. DUE TO	(OR AS A	CONSEQUE	ENCE OF	1	ani	eng	000	June				( few y	20
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REC. requires	shows : ME			his	retine.	ve .	heard		line	ine							1 YES 2 N	0
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AL la	r Item 23 s		25. WAS CASE REFERRED TO	MEDICAL		-				26. PL	ACE OF DE	EATH (Che	ck only one)					
F VITA SICIAN: The certificate h	r Item		EXAMINER?		HOSPITAL:	ER/Outp	patient 3 🗆	DOA	OTHEI		e 5 🗆 Res	sidence	8 Other (S	necify)				
VISION OF VITAL ATTENDING PHYSICIAN: The law ECTOR: After this certificate has it after death with the State Death	red, or PHY		27. MANNER OF DEATH		28e. DATE OF	INJURY	- Y	8b. TIME	OF	28c, INJ	URY AT		28d. DESCR		INJURY OC	CURED		_
	T .		1 Natural 5 P	ending restigation	(Month, E	ray, rear)		INJ	M		RK? /ES 2 [	NO						
ON ON STREET			3 Suicido	could not be	28e. PLACE C	F INJURY	— At home	, Jarm, s	treet, fac	tory, offic			26f. LOCATIO	ON (Street	and Number	or Rural F	loute Number,	
VISI NTEN CTOR	00 III	1		etermined	building,	atc. (Spec	city)						City or 1	own, State	)			
OR BIR	If Item 2		290. CERTIFIER	FYING DHYEN	CIAN: To the heat of	my bear	lades dest		4 44 44	les d								_
HOSPITAL FUNERAL I	= 3				CIAN: To the best of R: On the bests of a												and water	de e
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오음		112	29b. SIGNATURE AND TITLE								29c. LICE	NSE NUM	BER	_	29d. DAT	SIGNED	(Month, Day, Year)	
THE HOS	P. H		PAUL W	MAS	22						CA-	197	42 2 941	6610	1 h 7.	812 .	5, 1993	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
PAUL W RASSAM - Monday Memorial HUSPITAL

32. REGISTRAR'S SIGNATURE

0

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the i be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

Ц	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle	1 4	STATE OF I	MARYLAND C	ERTIF						REG. NO		3 2	0634
	MATTITAN	UL	MEY	ER.						2. DATE MONTI		AY.	YEAR	3. TIME OF DEATH  3 • 15 D M
	4. SOCIAL SECURITY NUMBER 440-20-1668		5. SEX 1X X M 2  F	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDE	DAYS	IF UNDER	MIN.	7. DATE (Monti	OF BIRTH 1, Dey, Year) 6-19		6. BIRTNP	LACE (State or Foreign
S. C.	98. FACILITY NAME (If not institution JFK MEMORIA)							DR LOCATI			0 17	9c. COUN	ITY OF DE	
DIRECTOR	RESIDENCE OF DECEDE	COUNTY			10c. CI	TY, TOWN	OR LOCAT	LION						10d. INSIDE CITY
DIR.	Md. E	Balt	imore			dal								LIMITS?
FUNERAL	100. STREET AND NUMBER 1723 Invers	iess	s Avenu	e			10	212				10g. CITIZ U.S	ZEN OF WI	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	ıd	IF YES, GIVE V	YES 2	RMED NO		If yes, sp		n, Mexico	an, Puerto I	l? (Specify Ye Rican, etc.)		14. RACE Black, Specify Whit	— American Indian, White, etc.
COMPLETED	15. DECEDENT (Specify only highe Elementary/Secondary (0-12)	r'S EDUC	ATION	16a. D	DECEDENT'S Give kind of fe. Do NOT u	work done	during mo	DN est of working	ng	16b	KIND OF BU	1		
MPI	12		4	U	.S.C	Povt					ept.		Defe	nce
BE CO	17. FATHER'S NAME (First, Middle, I		er							Fin	Hiddle, Maiden ICh	Sumame)		
10 8	19a. INFORMANT'S NAME (Type/Pri	int)									oor, City or You			222
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremation 3	□ Bemo	wel from State	20b. PLACE				ame of		DAT	E 20c. LC	CATION C	City or Tow	rn, State
	4 Donation 5 Other (Special	(y)		- Gree	n Mc	unt	Cre	emat	ory	7-1	3-93	Ba:	lto.	,Md.
1	21. SIGNATURE OF FUNERAL SER	VICE LIC	Edis	on M. D0008	Perk 3		DI	1111	V - A	SILL	n Fu	nerai Rd.,	l Ho Dund	me, 21222 alk, Md.
ATION	immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	<u> </u>		(OR AS A CONSE	1		ni	ju	5					Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	EOUENCE C	OF):								
CAL	PART II. Other eignificent co	ndition	contributing to	deeth but not	resulting	in the u	nderiyin	g cause	given in	Pert i.	24e. WAS AN PERFO 1 DE YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MED	ICAL					26. PI	ACE OF D	EATN /C/	heck only on	el			
SIC	EXAMINER?  1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4 - Nu	R:			8/13/Othe		ON H	TCIU	77 37
BY PHYSICIAN: MEDI	27. MANNER OF OEATN  1 Netural 5 Pendir 2 Accident Investi		28s. DATE OF (Month, D) 7 - 10 -	1993		ME OF JURY 57 PM.	28c. INJ W0	PRK?	( <b>)</b> %jo	28d PES	CRIBE HOW RDRAI			MBXFRMEN
	3 Suicide 6 Could 4 Homicide determ		28e. PLACE O building,	F INJURY — At h etc. (Specify)	ON F			•		City	ATION (Street or Town, State ( MEM			GHWAY
COMPLETED			CIAN: To the best of e											end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CO	1	- (K						ense nu			29d. DATE	- 11 -	Month, Day, Year)
10	30. NAME AND APPRESS OF PERS	SON WHO	COMPLETED CAU	SE OF DEATH (IT)	EM 27) (Type	e, Print) ENN	Str	eet,	Ва	ltin	nore,	Mar	ylan	nd 21201
9	31. DATE FILED (Month, Day, Year)		32. REGISTRA	R'S SIGNATURE		1								
-	JUL 1 0 199	3	Jana Da	19001-190n	60 A	_								DHMH-16 Rev 1/

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.  BALTIMORE, MARYLAND 21215-0020  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death the FURENT INSTITUTION. The law requires that the death of the death of the death of the death of the death of the death of the death of the death with the State Dept. Of Health and Mental Hyghen prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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					<u> </u>	ICAIL	. 01	DEA	in_		REG. NO			
158	1. DECEDENT'S NAME (First, Mid Margery	idle, Last)	G.	MII	LER					2. DATE OF MONTH	OEATH 12	AY	YEAR 93	3. TIME OF DEATH 6:30 A. M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	0,	BURTH			PLACE (State or Foreign
	212-20-3311		1 🗆 M 2 🔀 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, Did 11 0	7 Year) 2	3	Country	achussetts
_	9a. FACILITY NAME (If not institut		eet and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF OR	EATH		9c. COU	NTY OF DE	ATH
TOF	12 Hillside						Ca	tons	vill	e		В	altim	ore
DIRECTOR	10a. STATE 10b	Balti	more		10c. CIT	Y, TOWN O	ato	nsví	11e					10d. INSIDE CITY LIMITS? 1 YES 25 NO
	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT		HAT COUNTRY?
FUNERAL	12 Hillside	Road							2122	8			S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. \	MAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Divorced		IF YES, GIVE W		20.0			2 X NO			n, etc.)		Specifi	
COMPLETED	15. OECEDER (Specify only high	NT'S EDUCA	ATION completed)	16a.	DECEDENT'S (Give kind of a	work done o	CUPATIO	ON at of working	na	16b, KII	OF BUS	INESS/INC	DUSTRY	
Ë	Elementary/Secondary (0-12)		College (1-4 or 5 +	·	Ille. Do NOT us	te retired.)								
₹ I	H.S.Grad  17. FATHER'S NAME (First, Middle)				Mail (	Herk	:						se Co	rp.
8	The state of the s	SMITH							abeli	ME (First, Midd	Me, Meiden			
BE	19a. INFORMANT'S NAME (Type/F				405 444 440	4000500								
2	James W. Mill									Route Number, ( atonsv				28
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 8 ☐ Other (Spe		val from State	20b. PLAC	CEAND DATE	of DISPOSI	TION (Na	me of	Park	7/17	20c. LO	cation —	City or Tow	rn, Stata
	21. SIGNATURE OF FUNERAL SE		HSEE	Incad	OWLIG			D ADDRES			LLIK	Liuge	, FID	
	Maried -	tte	Min	S						AL HON			. MD	21229
	23. PART I. Enter the disease	sea, or co	emplications the	caused the	deeth. Do n	ot enter	the mo	de of dyi	ing, suct	h aa cerdiec	or reapl	ratory en	reat,	Approximate
I	IMMEDIATE CAUSE (Final	rondro. E	The second						4					Interval Between Onset and Death
	disease or condition resulting in death)	8.	Co	2014	esy	00	ele	esi	0	~				Quenedia
			DUE TO	OR AS A CON	SEQUENCE OF	ጉ: 	9.	/	/	7	"			Tree .
CERTIFICATION	Sequentially list conditions		DUE TO	COR AS A CONSTITUTE OF AS A CONS	SEQUENCE OF	sol	u	M	eds	1 ac	ex	ad	re	8 g 20.
CAT	if any, leading to immediate cause. Enter UNDERLYING	٦,	De	alic	SEQUENCE OF	-17	100	de	Ec	-				20cm
Ě	CAUSE (Disease or Injury that initiated events	1.	OUE TO	OR AS A CONS	SEQUENCE OF	7:								1
ERI	resulting in death) LAST	d.												
	PART il. Other aignificant co	onditiona	contributing to	death but no	t resulting i	n the un	derivino	COUSE	alven in	Part I 24	. WAS AN	ALITOREY	1 000	
EDICAL	Carde	ie.	becces	)	t tooditing i		acriying	l cansa 8	ALAGUI III		PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
<u>a</u>										- 110	YES 2	□ NO		OF DEATH?
÷										-				1 YES 2 NO
¥	25. WAS CASE REFERRED TO ME	OICAL					28. PL	ACE OF O	EATH (Che	ock only one)				
Sic	EXAMINER?  1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	:			8 Other (Sp	and the			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJL	JRY AT		28d. DESCRI		JURY OC	CUREO	
ВУР	1 Natural 5 Pend 2 Accident Inves	ling tigation	(Month, De	ry, 1941)	INJ	URY M	1 U Y	RK? ES 2	NO					
	3 Suicide 8 Could		28a. PLACE Of	FINJURY - At	home, tarm, a	treet, facto	ry, office	,		28f. LOCATIO	N (Street a	nd Number	or Rural Ro	ute Number,
COMPLETED		mined	outland,	etti (apeciiy)						City or To	wn, State)			
2 1	29a. CERTIFIER 1 CERTIFYIN	NG PHYSICI	AN: To the best of	my knowledge,	death occurre	d at the tir	ne, date	and place.	and dua	to the causers	) and man	ner en etel	ed.	
MO														and manner as stated.
Ü I	29b. SIGNATURE AND TITLE OF C		/	-		0			NSE NUM					Month, Day, Year)
0	a Brad	ley	Dae	4/4	ret	1		10	20	99		<b>&gt;</b> "	7-14	1-92
2	30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CAUS	E'OF OEATH (I'	TEM 27) (Type,	Frint)	_	1	- Annah	-			, 7	13
100				-										
	Dr. A. B. D  31. DATE FILEO (Month, Day, Year)			1264	Franci		e, B	alti	.more	, MD	2122	27		

THE SECOND STREET AND STREET

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physicia	funeral director, page 5 should be detached for use as the burial-tr
	24 hours after	filled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physicial	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr

-	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF I	HEALTH AND	MENTAL HYGIEI REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)		BON			2. DATE OF DEATN		YEAR 12'3 AM
	4. SOCIAL SECURITY NUMBER 219329554  9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	n yrs. last birthday, 59 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	33	BIRTHPLACE (State or Foreign Country) N. CAROLINA
TOR	GOOD Samaritai				eto, Ma		111	Relto - City
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND			TY, TOWN OR LOCALLTIMORE	TION			10d. INSIDE CITY LIMITS? 1 AYES 2 NO
FUNERAL	2917 THE ALAMEDIA				21218		USA	N OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 K Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Van, Puerto Rican, etc.) fy:	10000000	t. RACE — American Indian, Black, White, atc. Specify: AFR • AMERICAN
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)		S USUAL OCCUPATION work done during mouse retired.)		16b. KIND OF BI	JSINESS/INDUS	ВТЯУ
_	17. FATNER'S NAME (First, Middle, Last)	ren				AME (First, Middle, Maide E MAE HUN'		
TO BE	ALPHOSO HUN'	IEK	19b. MAILIN	G ADDRESS (Street a		Route Number, City or To		ode)
F-	CHARLES MASON SR			THE ALA		BALTIMORE,		
	1 Buriel 2 Cremetion 3 Remo	oval from Stata come	etery, cremetory or					y or Town, State OWN, MD.
	21, SIGNATURE OF FUNERAL SERVICE LIC	. Only 7		ESTE 1300	EUTAW E	ERS FUNERA PLACE, BAL	TIMORE	, MD. 21217
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE	y arres		ni au cardiec (il lea	matory arrea	t, Approximate interval Between Onset and Daath
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or tnjury that initiated events resulting in death) LAST	DUE TO (OR AS A Inferior	CONSEQUENCE (	DF):				
: MEDICAL	PART II. Other algorificent condition	4 4 4	at not resulting	in the underlying	g ceuse given in	Part I. 24a. WAS AI PERFO	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)		
	1 YES 2 NO  27. MANNER OF DEATN  1 Notural 5 Pending Investigation	1 Inpatient 2 ER/Outpa  28a. DATE OF INJURY (Month, Day, Year)	28b. Til	AE OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	RED
тер ву	2 Accident Investigation 3 Suicide B Could not be detarmined	28a. PLACE OF INJURY - building, atc. (Specia	At home, term,			281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLET		CIAN: To the best of my knowle						ause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Praying Flag,	MD		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO			p, Print)	2a L. ]	Tag, Good	Samar	itan Hospital
7	31. DATE FILED (Month, Day, Year)	22. REGISTRAN'S SIGNA	TURE Indelle	A	my my			

1	-	FOR STATE REGISTRAR
	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93

		liddle, Last)								2. DATE	OF DEATH	AY		3. TIME OF DEATH
	Edith				Mo	Gir	nnis	S		07			YEAR	3:58
	4. SOCIAL SECURITY NUMBER	1	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	(Month	OF BIRTH		8. BIRTH Country	PLACE (State or For
	216-74-0314		1 🗆 M 2 🖽 F	35	YRS.				1000	4/6	/58			MD.
Œ	Sa. FACILITY NAME (If not institu					100		OR LOCATI				9c. COUN	TY OF D	EATH
5	Universit	DENT	ospital	S.T.U	J	L Bá	alt:	imor	e C	1ty				
DIRECTOR		Ob. COUNTY	1		10c. Cri	TY, TOWN C								10d. INSIDE CITY "LIMITS?
	MD.					Ва	ltim	Ore						1 th YES 2 🔲
RA		7 Ced	onia Ave				10		2120	16		10g. CITIZ	USA	VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce			NT EVER IN U.S. A 1 YES 2 WAR OR DATES	ARMED		if yes, sp		nn, Maxica	in, Puarto I	? (Specify Yes	or No-	14. RACE Black Specif	- American India
		ENT'S EDU		16a, I	DECEDENT'S	USUAL O	CCUPATIO	ON	-	16b	KIND OF BUS	SINESS/INDL		. Americ
COMPLETED	(Specify only his Elementary/Secondary (0-12		College (1-4 or 5		(Olve kind of life. Do NOT u	work done of			ng			& T		
SON	17. FATHER'S NAME (First, Middle		0 1.1					16. MOT			Aiddle, Maiden	Surname)		HA III
BE (	Willi		Smith							reth		Smith		
10	190. INFORMANT'S NAME (Type) William &		ratha Cm								per, City or Tow			
		_			E AND DATE				ve.	Balto	o. Md.	2120 CATION — C	20-2-0	wn State
	20a. METHOD OF DISPOSITION  ↑ Burlel 2 Cremation  4 Donation 8 Other (Se		oval from Stata	cemetery, o	crematory or duid R	idge		14/9	3	DAII		kesvi	-	
	21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE	1	1		NAME A	ND ADDRE	SS OF FA					
	b / 4/	of &	11	001	las	,					Tunera Balto			
	resulting in death)		DUE TO	OF AS A CONS	SEQUENCE C	nal		No	in	ma				
TIFICATION	Sequentisity list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ite G	b DUE TO	O (OR AS A CONS	SEQUENCE C	ንብ:		W.	in	na				
CERTIFICATION	Sequentisily list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	b. DUE TO	O (OR AS A CONS	BEOUENCE C	)F): )F):								
MEDICAL	Sequentisity list condition if any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disesse or Injury that initiated events	ate G	b. DUE TO	O (OR AS A CONS	BEOUENCE C	)F): )F):	derlyin				24a. WAS AN PERFOF	RMED?		AMAILABLE PRIOR COMPLETION OF CO OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent  25. WAS CASE REFERRED TO M	condition	b. DUE TO	O (OR AS A CONS	BEOUENCE C	or): Or): In the un	26. PI	g ceuse	given in		24a. WAS AN PERFOF	RMED?		AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL	Sequentisity list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	condition	b. DUE TO	O (OR AS A CONS	SEQUENCE C	OF): In the un	26. PI	g ceuse	given in	Part I.	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINANCIABLE PRIOR 1 COMPLETION OF COF DEATH? 1 YES 2 N
	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO NEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	condition	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	O (OR AS A CONS	SEQUENCE C	OTHER	26. PI 3: sing Hom 28c. INJ WC	g ceuse	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	NAMED?	URED	AMALABLE PRIOR I COMPLETION OF C OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO NEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Per 2 Accident	condition	DUE TO  DUE TO  DUE TO  d.  HOSPITAL: 1   Inpetient 2    28e. DATE O (Month.)	O (OR AS A CONS  O (OR AS A CONS  O deeth but not  EXER/Outpetient FINJURY Day, 'bar'	SEQUENCE C	OF):  In the un  OTHER AND AND AND AND AND AND AND AND AND AND	26. Print in the state of the s	g ceuse	given in	Part I.	24a. WAS AN PERFOR	MMED?	URED	AMALABLE PRIOR COMPLETION OF CO
BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Per Accident Inv. 3 Suicide 6 Co.	condition  MEDICAL	DUE TO  d.  HOSPITAL: 1   Inpetient 2    28e. DATE 0    (Month, inpetient 2    28e. PLACE (	O (OR AS A CONS  O (OR AS A CONS  O deeth but not  PER/Outpetient  F INJURY  Day, Year)	SEQUENCE C	OF):  In the un  OTHER AND AND AND AND AND AND AND AND AND AND	26. Print in the state of the s	g ceuse	given in	Part I.  Beck only on  Billian  City  City	24e. WAS AN PERFOR	NJURY OCCI er ir	URED  A l	AMALABLE PRIOR COMPLETION OF C
BY PHYSICIAN: MEDICAL	Sequentisity list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO NEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Per Immedia Natural 8 October 1 Natural 8 Oc	condition  medical  meding  me	b. DUE TO c. DUE TO d	O (OR AS A CONS  O (OR AS A CONS  O deeth but not  D deeth but not  FINJURY  Dey, Year)  OF INJURY — At  I, etc. (Specify)	SEQUENCE C	OTHEF:  OTHEF 4 Num  ME OF JUHY  Atreet, fact	26. PI	G COUSE  LACE DF Cone 5 R. R. R. R. R. R. R. R. R. R. R. R. R.	given in DEATH (Ch	Part I.  Beck only on a control of the country of t	24a. WAS AN PERFOR	NJURY OCCI ET II and Number of	URED  A l  Or Bural B	AMALABLE PRIOR I COMPLETION OF CO OF DEATH?  1 VES 2 N  uto/Aut  noute Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentisity list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO NEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Per Immedia Natural 8 October 1 Natural 8 Oc	condition  MEDICAL  Inding restigation res	DUE TO  DUE TO	O (OR AS A CONS  O (OR AS A CONS  O deeth but not  D deeth but not  FINJURY  Dey, Year)  OF INJURY — At  I, etc. (Specify)	SEQUENCE C	OTHEF:  OTHEF 4 Num  ME OF JUHY  Atreet, fact	26. PI	g couse  LACE DF Cone 5  R. R. JURY AT DRK? 24 a and place	given in  DEATH (Ch  assidence  NO  and due	Part I.  Beck only on  Beck on  Beck only on  Beck only on  Beck only on  Beck only on  Beck on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck only on  Beck on  Beck only on  Beck only on  Beck only on  Beck only on  Beck on  Beck only on	24a. WAS AN PERFOR	NJURY OCCI ET II and Number of Timor noner as state that	O All Or Rural R	AMALABLE PRIOR TO COMPLETION OF COMPLETION O
BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent  25. WAS CASE REFERRED TO NEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Per 1 No Not Not Not Not Not Not Not Not Not	condition  MEDICAL  Inding restigation res	DUE TO  DUE TO	O (OR AS A CONS  O (OR AS A CONS  O deeth but not  D deeth but not  FINJURY  Dey, Year)  OF INJURY — At  I, etc. (Specify)	SEQUENCE C	OTHEF:  OTHEF 4 Num  ME OF JUHY  Atreet, fact	26. PI	g couse  LACE DF Cone 5  R. R. JURY AT DRK?  YES 2. Sea and place death occur  29c. LIC	given in DEATH (Ch	Part I.  Bock only on  S Other  28d. DES  Pass.  28f. Loc  Circle  VO7  to the cau time, data	24a. WAS AN PERFOR	NJURY OCCI ET II and Number of Timor noner as state and due to the	O All Or Rural R	AMALABLE PRIOR COMPLETION OF C



after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should moval.	ical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

REGISTRAR			CERTIFI	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)	INEN/ C	ong Van N	ww.con		2. DATE O MONTH	F DEATH	O.3	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	700		ong Van No	IF UNDER 1 YEAR	15 101050 At 1000	7. DATE OF	- N	70	LACE (State or Foreign
586-56-3	308	1 1 2 F		MONTHS DAYS	HOURS MIN.	Feb.	20°, 1917	Country	Letnam
9e. FACILITY NAME (If not in		,		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. CO	UNTY OF DE	ATH
Levindale		w Geriatrio	: Center	BAL	Timore	_			1011
10e. STATE	10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland	-		Ba	altimor	е				NO 2 NO
10e. STREET AND NUMBER				10	f. ZIP CODE		10g. C		HAT COUNTRY?
3305 Ramo	na Ave	12. WAS DECEDENT EVE	D IN H.C. ADMED	I so whe her	21213	NIC OBIONE	(Specify Yee or No-	U. S.	
1 Never Married 2 1 Divo		FORCES? 1 Y	ES 2 NO	If yes, s	secify Cuban, Mexic	en, Puerto Ric	can, etc.)	Black,	- American Indian, White, etc. Vietnamese
	EDENT'S EDU highest grade		16a. DECEDENT'S U	USUAL OCCUPATI ork done during metired.)	ON oat of working	16b. i	KIND OF BUSINESS/II	NDUSTRY	
Elementery/Secondary (0	-12)	College (1-4 or 5+) N/A		aring Fo			Self-Emp	hevo [	
17. FATHER'S NAME (First, M	iddle, Last)	11/11	Trep	ALLEY I'C		AME (First, Mi	Iddle, Maiden Surname,		
Minh Nguye					THE RESIDENCE IN	y Hoar			
19a. INFORMANT'S NAME (7	ype/Print)		I SOLE TIME.		and Number or Rural	Route Numbe	r, City or Town, State, i		
Quynh Nguye		,	3305 I	Ramona Z	Ave., Ba	ltimor	re, Md. 2		
20a. METHOD OF DISPOSIT  XXBuriel 2 Cremetic  4 Donation 5 Other	(Specify)		20b. PLACE AND DATE of cemetary crematory St. Stanis			7/16		-	
21. SIGNATURE OF FUNERA	L SERVICE LI	Jan Ard	2.1	Schir	no address of Fi nunek Fui Brehms 1	neral	Home Baltimore	e. Md.	21213
immediate Cause (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	lons, diate ling	Dement	IS A CONSEQUENCE OF	ubitus	Ulcen	\$			Onset and Death
PART II. Other significa	nnt condition	ns contributing to dest	h but not resulting in	n the undarlyin	ng ceuse given in	1	24s. WAS AN AUTOPS PERFORMED?	-	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
						_	1 ☐ YES 2 NO		OF DEATH?
25. WAS CASE REFERRED T	O MEDICAL			26. F	LACE OF DEATH (C	check only one	)		
EXAMINER?		HOSPITAL:	Outpatient 3 DOA	OTHER:	me 5 🗆 Residence	8 🗆 Other	(Specify)		
	Pending Investigation	28e. DATE OF INJUI (Month, Day, Ye.	RY 28b, TIME INJU	URY W	JURY AT ORK? YES 2 NO	26d. DESC	CRIBE HOW INJURY O	OCCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, a Specify)	treet, factory, offi	Cá		TION (Street and Number Town, State)	ber or Rural R	oute Number,
CONSULT OFFIN		SICIAN: To the best of my keeps: On the basic of examin							end manner as stated.
296. SIGNATURE AND TITLE	who	une 100			29c. LICENSE NU D 23			7/15	(Month, Day, Year)
	WERT	HEIDER	DEATH (ITEM 27) (Type,	94 W.				4011	H ZIZIS
31. DATE FILED (Month, Day,		12. REGISTRAR'S S	Randa EL						
	- ()								

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FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE	ERTIFI	CATE O	F DEAT	H "	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				-		2. DATE OF DEATH MONTH DA		VE A.D.	3. TIME OF DEAT	тн
	HELEN	MARGARET NO	NNEMA	CHER-			July 15,		PIASY	12:25	А.м
		5. SEX 6. AGE (In yrs. les	**	IF UNDER 1 YEA		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Fo	reign
	11 1 20 21 10	1 □ M 2 ⋈ F 91	YRS.	MONTHS DAY	HOURS	MIN.	6/25/190	2		enn.	
_	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOW	N OR LOCATIO	N OF OE			NTY OF DE		
DIRECTOR	Meridian Nursing	Home		Park	ville	_		Ва	altim	ore	
Di l	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY	
듬	Maryland			ltimor		,				LIMITS?	
	10e. STREET AND NUMBER				10f. ZIP CODE			10a. CITI		HAT COUNTRY?	NO
ER/	2717 Edison High	hwav			21	213		Til III	U.S.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI	MED	13. WAS (	ECENDENT OF	F HISPANI	C ORIGIN? (Specify Yes	or No—	14. RACE	- American India	en,
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 TYES 2 X N IF YES, GIVE WAR OR DATES	Ю	If yes,		Specify:	, Puerlo Rican, etc.)		Black, Specify	White, etc.	
										White	
1	15. DECEDENT'S EDUCAT (Specify only highest grade co	impleted) (Gi	CEDENT'S L ive kind of we Do NOT use	JSUAL OCCUP	NTION most of working	7	16b. KIND OF BUS	INESS/IND	USTRY		
7	Elementary/Secondary (0-12) 12 VY S	Coflege (1-4 or 5 +)		ewife			1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		nous	ewire	40 MOTH	EDYC MAN	RE (First, Middle, Melden S				
	James	Unangst				lma	RE (FIRST, MIDDIE, MAIDEN :	Scha	for		
BE	19a. INFORMANT'S NAME (Type/Print)		. MAILING	ADDRESS (Stre			oute Number, City or Town				
٩	Mr. Dale K. Nonner	nacher		2 Knig						15	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	20b. PLACE A	NDDATEO	FDISPOSITION	(Name of		DATE 20c LOC	ATION - 4	City or Tow	en State	
	4 Donation 5 Other (Specify)	Connectory, Cres	matory or oth	űlaney	Valle	y 7	/17/93 Ti	moni	um.M	d	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE Paul L. Hartson	ck,Jr.	22. NAME	AND ADDRES	S OF FAC	H ITY			21214	
	Han Z. Ha	Thoch I		Leo	nard J	L. Ri	ick, Inc.	111101 e 3305	Harf	ord Rd	
	23. PART I. Enter the diseases, or cor	nplications that payed the de	ath. Do no	ot enter the	node of dylr	ng, such	as cardiec or respir	atory arm	est,	Approxima	ate
	shock, or heart fellure. Lis	st only one ceuse on each line.						-		Interval Br	
	disease or condition resulting in death)	Vreme	mi	~							33.00
		DUE TO (OR AS A CONSEC	DUENCE OF	i.a							
Z	Sequentially list conditions, b.	/ ness	he	10	CA	N					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEO	DUENCE OF)	D.		1					
E C	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEO	HIENCE OF	M	60	)				-	
E	resulting in death) LAST		· • • · · · · · · · · · · · · · · · · ·	•						j	
8	0									+	
DICAL	PART II. Other significent conditions	contributing to deeth but not re	esulting in	the underly	ing ceuse gi	iven in F	Pert I. 24a. WAS AN A			WERE AUTOPSY FI	
ă							1 YES 2	□ NO		COMPLETION OF CO	AUSE
ME							_			1 - YES 2 - N	ю
PHYSICIAN: ME											
S S		OSPITAL:	- 1	OTHER:	PLACE OF DE	ATH (Chec	ck only one)				
¥ I	1 VES 2 NO 1	Inpatient 2 ER/Outpatient 3				idence 6	Other (Specify)				
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY	NJURY AT WORK?		26d. DEŞCRIBE HOW IN	JURY OCC	URED		
В	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At hon	ne farm et		YES 2		201 LOCATION (Commission	- 1 N 1 -			
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Specify)	77 <b>0</b> , 101111, 001	eet, factory, of	nce		28t. LOCATION (Street ar City or Town, State)	na Number (	or Hural Ho	ute Number,	
9	290. CERTIFIER	N. To the transfer of the state									
P I		N: To the best of my knowledge, dea On the basis of examination end/or in									
	29b. SIGNATURE AND TITLE OF CERTIFIER			, in my opinion							ated,
<b>8</b>	MM	Mias. x	10.6	2	29c. LICEN	SE NUMI	SEN (7/	29d. DATE	SIGNED (	Month Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	27) (Type. F	Print)	100	0	/ >8		/ ( )	14)	
	Gracito Patrio			ford R	d.						Ī
	31. DATE FILED (Month, Day, Year)	12 BEGISTRAD'S SIGNATURE									$\overline{}$
	JUL 1 6 19	93 June Davidso	m-Aan	della							Î

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

H	V)	permit Paper 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicinn	illed in by the funeral director, page 5 should be detached for use as the burial-liminal, n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician	ID THE FUNEXAL UNECTURS After his certificate has been signed by the attending physician and compressly lined in by the funeral director, page 5 should be detached for use as the buna-timent filters 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last,			ICATE OF					
					2. DATE O MONTH	DAY	YEAR '	3. TIME OF DEATH
Marie A.  4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE O		1993	
218-18-5193	1 □ M ** 1 F	70 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month. 12/	14/22	8, BIRTH Countr	IPLACE (State or Foreign y) MD
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN O	R LOCATION OF D			UNTY OF D	EATH
432 Drew Stre	eet		Baltin	nore				
10s. STATE 10b. COUNT MD	TY		TY, TOWN OR LOCATE ALTIMORE					10d. INSIDE CITY LIMITS? 12 YES 2 NO
10e. STREET AND NUMBER								
432 S. DREW S	TREET		101.	ZIP CODE	224		J.S.A	YHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 YO	I1 yes, spe	ENDENT OF HISPAI polity Cuban, Maxics X NO Specif	an, Puarto Ric	(Specify Yes or No— can, etc.)	14. RACE Black Speci	E — American Indien, k, White, atc.
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCUPATIO	N et of working	16b. I	(IND OF BUSINESS/IP	IDUSTRY	
Elementary/Secondary (0-12) 9th	College (1-4 or 8 +)		work done during mos ree retired.) MAKER	st or working				
17. FATHER'S NAME (First, Middle, Last)		HOME	MAREK	10 MOTHED'S NA	ME (First A4)	ddle, Malden Surname)		
ALBERT SCHAMB	ERGER					LEICHL		
19a. INFORMANT'S NAME (Type/Print)	2000000					r, City or Town, State, 2		
MARGARET WATKO						CHESTER		
20a METHOD OF DISPOSITION  AGA Burlet 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)	movet from State	SACRED HEA			7/17	ZOC. LOCATION -	City or To	
21. SIGNATURE OF FUNERAL SERVICE	CENSEE	0	22. NAME AN	D ADDRESS OF FA	CILITY			
VI Sty	Pei Dr	La.	CHARLI 1501	ES L. ST E. FORT	EVENS AVENU	FUNERAL E, BALTIM	HOME,	INC. MD 21230
disesse or condition	44	- Lest	O Dov	marlen	6	i olan		
Sequentisity flat conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OI	R AS A CONSEQUENCE OF	0F): 0F):	asailm	- D	islan		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OI  c	R AS A CONSEQUENCE O	DF):		Part i.	24a. WAS AN AUTOPS! PERFORMED? 1 YES 2 HO	/ 24b.	Interval Between Onset and Death Onset and Death  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI  c	R AS A CONSEQUENCE O	IF):  In the underlying	j csuse given in	Part i.	24a. WAS AN AUTOPSI PERFORMED? 1 YES 2 440	/ 24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are supported by the conditions of	DUE TO (OI  c. DUE TO (OI  d. DOING CONTRIBUTING to de	R AS A CONSEQUENCE O	PF):  In the underlying  28. PL	j cause given in ACE OF DEATH (Ch	Part i. :	24a. WAS AN AUTOPS' PERFORMED? 1  YES 2 ANO	246.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are supported by the conditions of	DUE TO (OI  c. DUE TO (OI  d. Daa contributing to de  HOSPITAL: 1   Inpatient 2   E	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	In the underlying  28. PL  OTHER: 4 □ Nursing Home  WE OF ■ 28c. INJU	Cause given in  ACE OF DEATH (Ch	Part i. :	24a. WAS AN AUTOPS' PERFORMED? 1  YES 2 ANO		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 SYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OI  c. DUE TO (OI  d. DOI  DOI  DOI  DOI  DOI  DOI  DOI  DOI	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	PF):  In the underlying  28. PL  OTHER: 4 □ Nursing Home	J cause given in  ACE OF DEATH (Ch  5 S Residence	Part i. :	24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 ANO Specify)		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OI  DUE TO	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	OF):  In the underlying  28. PLI  OTHER: 4   Nursing Home ME OF   28c. INJL JURY   WO' 1   Y	ACE OF DEATH (Ch  5 S Residence  JRY AT  NKY  ES 2 NO	Part i. :	24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 ANO Specify)	CCURED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 YES
PART II. Other significent condition  Examiner?  1 Syes 2 No  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Syes 2 No  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only 1 CERTIFYINO PHY	DUE TO (OI  c. DUE TO (OI  d. DUE TO (OI  d. DOI  HOSPITAL: 1   Inpetient 2   E  28a. DATE OF IN (Month, Day,  building, etc.	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	OTHER: 4 Nursing Homm ME OF 28c. INJUSY M 1 Y YOU street, factory, office	ACE OF DEATH (Ch 5 S Residence 17 RK7 18 2 NO and place, and due	Part i. 2 heck only one) 6 Other 28d. DESC City or	24a. WAS AN AUTOPS' PERFORMED?  1 YES 2 ANO  Specify)  RIBE HOW INJURY O  TOM, (Street and Numb Town, State)	CCURED or or Rural F	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES AND
PART II. Other significent condition  Examiner?  1 Syes 2 No  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Syes 2 No  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only 1 CERTIFYINO PHY	DUE TO (OI  c. DUE TO (OI  d. DUE TO (OI  d. DOI  DOI  DOI  DOI  DOI  DOI  DOI  DOI	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	OTHER: 4 Nursing Homm ME OF 28c. INJUSY M 1 Y YOU street, factory, office	ACE OF DEATH (Ch 5 S Residence 17 RK7 18 2 NO and place, and due	Part i. :  neck only one)  6 Other  28d. DESC  281. LOCAT City or	24a. WAS AN AUTOPS) PERFORMED?  1 YES 2 ANO  Specify) RIBE HOW INJURY O  FION (Street and Numb Town, State)	ccureo or or flural f	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO
PART II. Other eignificent conditions.    Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST    PART II. Other eignificent conditions   Part II. Other eignificent conditions	DUE TO (OI  DUE TO	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	In the underlying  28. PL  OTHER: 4   Nursing Home WC OF JURY M   1   Y  street, factory, office	ACE OF DEATH (Ch.  5 S Residence URY AT RK7 TES 2 NO  and place, and due eath occured at the	Part I. 2  neck only one) 6 Other 1  28d. DESC City or a to the cause time, data a	24a. WAS AN AUTOPS) PERFORMED?  1 YES 2 ANO  Specify) RIBE HOW INJURY O  FION (Street and Numb Town, State)	er or Rural F sted. the cause(s	Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES SLNO  Route Number,
PART II. Other significent conditions if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation investigation death investigation death investigation death investigation death investigation investigation death inv	DUE TO (OI  DUE TO	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	In the underlying  28. PL  OTHER: 4   Nursing Home WC OF JURY M   1   Y  street, factory, office	ACE OF DEATH (Ch  5 S Residence URY AT  NKY ES 2 NO  and place, and due eath occured at the  29c. LICENSE NUI	Part I. 2  neck only one) 6 Other 1  28d. DESC City or a to the cause time, data a	24a. WAS AN AUTOPS) PERFORMED?  1 YES 2 ANO  Specify) RIBE HOW INJURY O  FION (Street and Numb Town, State)	er or Rural F sted. the cause(s	Onset and Death  WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  I) and manner se stated.

DHMH-16 Rev 1/89



Balanjanda - Wall is I will

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					$\overline{}$					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATH	PAY	YEAR	3. TIME OF DEA	TH
Felix	Louis		Rand		07	13	3 19	993	1515	
4. SOCIAL SECURITY NUMBER	5, 9EX	6. AGE (In yrs. lest birthday)	MONTHS DAYS		(Mont	OF BIRTH h, Day, Year)	- 1	6. BIRTH	PLACE (State or F	oreign /
100 34-7640	1 M 2 F	DO YRS.		1.00.0	2-0	25-1	943	1	UlANS	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			9c. COU	INTY OF D	EATH	
603 Himes Ave	nue Apt	. 105	Frede	erick	5			Fred	erick	
10a. STATE 10b. COUN	TY	10c. Cl	TY, TOWN OF LOC	ATION ,			-		10d. INSIDE CIT	γ
n and and		E	Reder	erell,					LIMITS?	NO
10e, STREET AND NUMBER		1		IOI. ZUR CODE		_	100 017	TIZEN OF Y	VHAT COUNTRY?	110
1 13 1/6	A	lat in	_	7120	1		log. Cit	17 <		
603 171 mes		701 100	2	0//0/			1	71	31/4/	1
11. MARITAL STATUS  1 Never Married 2 .Married		TEVER IN U.S. ARMED		ECENDENT OF HISPA specify Cuban, Mexico			a or No-	14. RACE Black	- American Indi	ian,
Widowed 4 Divorced		WAR OR DATES		ES 2 NO Specific				Space	かん・ナー	
								1 W	11110	
15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	(Give kind of	S USUAL OCCUPAT work done during n	TION nost of working	160	KIND OF BU	JUNESS/IN	DUSTIN	,	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	use retired.)	+		11	/	10	10/-	
		OEM.	mologi.	5/		Rell	11/	10	00-11-4	
7. FATHER'S NAME (First, Middle, Last) "	,)	1		18. MOTHER'S NA	ME (First,	Middle, Maigel	(Surname)		11	
Joseph	KAMN			Keni	nA	(0	0.0	ni	0	
a. INFORMANT'S NAME (Type/Print)	0 1	19b. MAIL IN	IG ADDRESS (Stran	and Number on Rural	Route Num	ber, City or To	wn, State, Zi	ip Code)		_
no Horne	and	1511	Didat.	20016	42	100%	the	6	1 210	1.0
JUI IINIVY K	117114	104	CIUYENE	ee Lu		HRI	0110	91	9 500	60
ea. METHOD OF DISPOSITION  ■ Burlet 2 □ Cremation 3 □ Rei	moval from Stata	20b. PLACE AND DATE	E OF DISPOSITION	Name of	DAT	E 20c. LC	DCATION Z	City or 70	wn, Stata	
□ Donation 5 □ Other (Specify)		HRIINO	102011	Em. IArk	0	1-6	1/10	a U	, JA	
	ICENDEE				ou day				10/1/	
BARNATURE OF FUNERAL SERVICE L	JUENSEE		22 NAME	AND ADDRESS OF F	wight y	-C 1	-111	125	A LU	201
THE OF FUNERAL SERVICE I	I L	Pular	JOS-	AND ADDRESS OF F	Ry	55 /	-UK	1251	91 140	m
& preph	1.K	uss	222	2W.No	Ry	55 t	BA	13.	nd 21	131
23. PART I. Enter the diseases, Dr	d, k	it caused the death. Do	222	2W.No	the contract of the contract o	40 e, diac or reap	BA piratory ar	root,	Approxim	
23. PART I. Enter the diseases, DI shock, or heart failure IMMEDIATE CAUSE (Final	Complications the	use on each line.	not enter the m	PLI) LI QWINO node of dying, suc				1/2,7	Approximinterval E	Betwee
23. PART I. Enter the diseasea, present failure ahock, of heart failure immediate CAUSE (Final disease or condition	Complications the	use on each line.	not enter the m	PLI) LI QWINO node of dying, suc				Ison	interval E	Betwee
23. PART I. Enter the diseasea, present failure immediate CAUSE (Final disease or condition	Complications the	use on each line.	not enter the m	PLI) LI QWINO node of dying, suc				roat,	interval E	Betwee
23. PART I. Enter the diseasea, present failure immediate CAUSE (Final disease or condition	Complications the	It caused the death. Do use on each line.  DOT GUN	not enter the m	PLI) LI QWINO node of dying, suc				I/Signat,	interval E	Betwee
23. PART I. Enter the disease, processed in the disease of shock, of heart failure disease or condition resulting in desth)  Sequentially list conditions,	complications the List only one certain DUE TO	DOT GUNS (OR AS A CONSEQUENCE O	not enter the m	PLI) LI QWINO node of dying, suc				roat,	interval E	Betwee
23. PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate	complications the List only one certain DUE TO	use on each line.	not enter the m	PLI) LI QWINO node of dying, suc				reat,	interval E	Betwee
23. PART I. Enter the disease, prospective immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions,	a. DUE TO	OR AS A CONSEQUENCE OF	not enter the m	PLI) LI QWINO node of dying, suc				reat,	interval E	Betwee
23. PART I. Enter the diseases, Drahock, or heart failure immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	DOT GUNS (OR AS A CONSEQUENCE O	not enter the m	PLI) LI QWINO node of dying, suc				roat,	interval E	Betwee
AMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	OR AS A CONSEQUENCE OF	not enter the m	PLI) LI QWINO node of dying, suc				reat,	interval E	Betwee
23. PART I. Enter the diseases, programmer in the disease of a shock, or heart failure disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	a. DUE TO  DUE TO  d. DUE TO	(OR AS A CONSEQUENCE (OR AS A	not enter the management of the corp.	PAN KI DWINOS NODE OF DYING, SUG	07	= Ho,	A.D		interval E Onset an	d Dad
AND AND AND AND AND AND AND AND AND AND	a. DUE TO  DUE TO  d. DUE TO	(OR AS A CONSEQUENCE (OR AS A	not enter the management of the corp.	PAN KI DWINOS NODE OF DYING, SUG	07	240. WAS AL	A.D		interval E Onset an	d Date
AS PART I. Enter the diseases, Di ahock, of heart failure MMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially fist conditions, if any, leading to immediate bause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE (OR AS A	not enter the management of the corp.	PAN KI DWINOS NODE OF DYING, SUG	07	240. WAS AL	N AUTOPSY PRIMED?		Interval E Onset an	d Date
MMEDIATE CAUSE (Final lisease or condition esuiting in death)  sequentially list conditions, if any, leading to immediate lause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	a. DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE (OR AS A	not enter the management of the corp.	PAN KI DWINOS NODE OF DYING, SUG	07	24a. WAS AL	N AUTOPSY PRIMED?		WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF	Getweed Dari
AS PART I. Enter the diseases, Di ahock, of heart failure MMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially fist conditions, if any, leading to immediate bause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE (OR AS A	not enter the management of the corp.	PAN KI DWINOS NODE OF DYING, SUG	07	24a. WAS AL	N AUTOPSY PRIMED?		WERE AUTOPSY F AMAILABLE PRION OF DEATH?	Getweed Dari
A PART II. Other significant conditions.  CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUENCE (OR AS A	orp:  OF):  OF):	PAN KI DWINOS NODE OF DYING, SUG	OY-	24a. WAS AI PEDFO 1 WES	N AUTOPSY PRIMED?		WERE AUTOPSY F AMAILABLE PRION OF DEATH?	Getweed Dari
A PART I. Enter the disease, or shock, of heart failure MMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  5. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CONSEQUENCE OF AS	ornot enter the management of the underlying of	Ing cause given in	Part i.	24a. WAS AL PEDFO	N AUTOPSY PRIMED?		WERE AUTOPSY F AMAILABLE PRION OF DEATH?	Getweed Dari
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AND CASE REFERRED TO MEDICAL EXAMINER?  1 Natural 5 Pending Investigation of Accident 3 Notice of Accident 3 Notice of Accident 3 Notice of Accident 4 Homicide 1 CERTIFYING PHY (Check only 1	DUE TO  DUE TO	OR AS A CONSEQUENCE OF AS	ornot enter the management of the underlying of	PLACE OF DEATH (C) Ome 5 KResidence NUORKY AT VES 2 NO rice	Part i.  Beck only of the case	24a. WAS AI PEDFO 1 EVES  1 EVES  1 F IT  ATTON (Street or Yown, State 3 Him use(a) and ma	N AUTOPSY PRMED?  2 NO  INJURY OC 1 1 ( and Number)  Can find Number Property Proper	24b  ccured  cted  r or Rural I	Wound	Entword Dad
21. PART I. Enter the diseases, or shock, o' heart failure immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VYES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation   Pending Investigat	complications the List only one cer  a. DUE TO  b. DUE TO  c. DUE TO  d	OR AS A CONSEQUENCE OF AS	ornot enter the management of the underlying of	PLACE OF DEATH (C) Ome 5 X Residence NJURY AT NORK? YES 2 NO fice	Part I.  Beck only of the case time, date	24a. WAS AI PEDFO 1 EVES  1 EVES  1 F IT  ATTON (Street or Yown, State 3 Him use(a) and ma	N AUTOPSY RMEO7 2 NO INJURY OC and Number 0 CS anner as stand due to to	24bb  ccured  cted  area in Ave.	WOUND And manner as	FINDING 1 TO CAUSE NO 10 to stated.
21. PART I. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause. Examiner?  1	complications the List only one cer  a. DUE TO  b. DUE TO  c. DUE TO  d	OR AS A CONSEQUENCE OF AS	ornot enter the management of the underlying of	PLACE OF DEATH (C)  PLACE OF DEATH (C)  Ome 5 [X Residence NUDRY AT  YES 2 NO  rice  And place, and du  , death occurred at the  29c. LICENSE NU	Part I.  Beck only of the case time, date	24a. WAS AI PERFO 1 EVES  1 EVES  1 F IT  ATION (Street or Town, State 3 Him use(a) and ma	N AUTOPSY RMEO7 2 NO INJURY OC and Number 0 CS anner as stand due to to	24bb  ccured  cted  area in Ave.	Wound	FINDING 1 TO CAUSE NO 10 to stated.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

8. BIRTHPLACE (State or

1993

3. TIME OF DEATH 1240

2. DATE OF DEATH

7. DATE OF BIRTH

12

July

IF UNDER 24 HRS

HOURS

4. SOCIAL SECURITY NUMBER

Edmond Francis Rouchard

5. SEX

IF UNDER 1 YEAR

8. AGE (In yrs. last birthday)

68760,	
BOX 6	
P.0	
RECORDS,	
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OF VITAL	
NOIS	

HOSPITAL

215-05-0342 15 M 2 | F 93 YRS. Nov. 04 1899 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Stella Maris Hospice Towson Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Towson 1 - YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2300 Dulaney Valley Road 21204 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No--If yea, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 - YES 2 X NO Specify: 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Stock Broker Financial Advisor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Louis Edouard Rouchard Margaret Teresa Scott notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Mathilde J. Jenkins 239 Alabama Road, Towson, Maryland 21204 Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 1XXBuriel 2 Li 4 Li Donation New Cathedral Cemetery 7/14/93 Baltimore, MD Other (Specify) examiner PUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. Martin D. 10 W. Padonia Rd., Timonium, MD 21093 medical filled in by to 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Retween IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, the disease or condition Pulmonary Embolus resulting in death) event. OUE TO (OR AS A CONSEQUENCE OF): and com ASCVD other traumatic CERTIFICATION Sequantially list conditions, has been signed by the attending physician ar Dept, of Health and Mental Hygiene prior to to 1.23 shows any Injury, or other trauma DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE ALITOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? this certificate his with the State C 26. PLACE OF DEATH (Check only one) Hem OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA e 5 - Residence 6 - Other (Specify) ò 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 40 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be FUNERAL DIRECTOR: within 72 hours after item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and piece, and due to the ceuse(s) and manner as stated. TO THE FUNERAL D be filed within 72 ha IMPORTANT: If IN MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER
Caula & allyfards/0 BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 27089 93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Alexander 2300 Dulaney Valley Rd., Towson, MD 21204 JUL 16 1993 Julia Deviden Adama DHMH-16 Rev 1/89

the hospital or attending physicial detached for use as the burial-tin by the funeral director, page 5 should be detached for removal. death WB The OR ATTENDING PHYSICIAN: After ti

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attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fun		
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending play, both THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fluck within 72 hours after death with the State Dept. of Health and Mental Hygher prior to burial, crimation, or removal, or removal, and the marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be marked, or item 23 shows any Injury, or other traumatic event.

							9	3	20643
	1 - STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND F DEATH	MENTAL HYGIEN REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)		OLITITI	OAIL O	DEATH	2. DATE OF DEATH		13	. TIME OF DEATH
	GEORGE MILT	ON ROBERTSO	M			07 12		EAR 3	7.15 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTN (Month, Day, Year)			ACE (State or Foreign
	218-22-3800	¹\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YRS.	MONTHS DAY	HOURS MIN.	11/06/2	7		LAND
_	Se. FACILITY NAME (If not institution, give stre	net and number)		9b. CITY, TOW	N OR LOCATION OF I		9c. COUNT		
DIRECTOR	VA MEDICAL CENTER.	FORT HOWARD		FC	RT HOWARD	)	В	ALTI	MORE
) H	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LO	CATION			1	Od. INSIDE CITY	
	MARYLAND BA	LTIMORE		BALTT	MORE		1	LIMITS?	
A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF WHAT		
FUNERAL	3329 GARNET ROAD				21234		XXX	U	ISA
F	11. MARITAL STATUS  1 Never Married 2 Narried	12. WAS DECEDENT EVER IN U FORCES? 1 X YES		13. WAS I	ECENDENT OF NISP	NNC ORIGIN? (Specify Yes	or No- 14	RACE -	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S		ES 2 NO Spec			Specify:	
	15. DECEDENT'S EDUCA	WW In	II	ISLIAL OCCUB	TION	16b. KIND OF BU		1100	THE
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	Ompleted) College (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done durina	most of working	lea. KIND OF BU	SINE \$5/INDUS	INT	
집	1 2	/s	ENGIN	JEER		HEATIN	10 0	A T D	COND.
i o	17. FATHER'S NAME (First, Middle, Last)		DITOLI	THE	18. MOTNER'S N	AME (First, Middle, Maiden		AIR	COND
6 ш	ANDREW	ROBERTSON			BESSIE	WALLER			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Tow	n, State, Zip Co	ode)	
	CLINICAL RECORDS		VA ME	DICAL	CENTER, F	ORT HOWARD	MARYL	AND	21052
	20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remov		ACE AND DATE O		(Name of	DATE 20c. LO	CATION — CI	y or Town	ı, State
	4 Departies 5 Other (Specific)		kLawn	0 .	ery 7-	16-93 F	BALTO	MI	) .
	21. SIGNATURE OF "INSPIAL REPVICE LICE	EPISON M.	PERKI	NS2. NAME	AND ADDRESS OF F	ACILITY		•	
8	Toduson IM.	Leveins I	00083	3000	ran-Ash E. Bal	ton Funer timore St	al Ho	me,	Inc.
	23. PART I. Enter was received, or co	mplications that caused t	he deeth. Do no	ot enter the	mode of dying, su	ch as cardlec or reap	iratory arrea	t,	Approximate
	IMMEDIATE CAUSE (Final	st only one cause on eac	h line.						Interval Between Onset and Death
	disease or condition resulting in death)	CANCER OF E	SOCPHAG	US					
	Due to (or as a consequence of):								
Z	Sequentially list conditions, b.					<u> </u>			
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF	):					
2	CAUSE (Disease or Injury C.	DUE TO (OR AS A C	DAREOUENCE OF						-
RTIFICATION	that initiated events resulting in death) LAST	DOE TO (OH AS A C	SWSEGGENCE OF	).					i
CEF	d.								1
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying couse given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  AMILIABLE PRIOR TO								PERE AUTOPSY FINDINGS
MEDICAL	CORONARY ARTERY DISEASE							C	OMPLETION OF CAUSE OF DEATH?
ME	CONGESTIVE HEART FAILURE								
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO HOSPITAL:  26. PLACE OF DEATN (Check only one)  HOSPITAL:  OTHER:								
ΥS	1 TYES 2 NO	1 X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME	IRY	INJURY AT WORK?	28d. DESCRIBE HOW I	8d. DEŞCRIBE HOW INJURY OCCURED		
B	2 Accident Investigation	28a. PLACE OF INJUSY	At home farm at		YES 2 NO	201 1 00471011 (0)			
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Roc City or Town, State)									ne rvumoer,
COMPLETED	29a. CERTIFIER								
MP	(Check only 1 CERTIFYING PHYSICI	AN: To the best of my knowled On the basis of examination s							and manage as at a second
용		- 14	arrestigation	, or my opinior					
8	29b. SIGNATURE AND TITLE OF CERTIFIER	OX DYSV			D 2 DC		29d. DATE S	GNED (A	folipth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	A STEM OF CO.	0-1-0	D305	6		112	D

M.D.,---VA Medical Center Fort Howard, Maryland 21052

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. BALA DUGGIRALA,
31. DATE FILED (Month, Day, Year)
JUL 1 6 1993

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 20644

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH	RE	G. NO.		- 77	
0	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH								3. TIME OF DEATH		
- 1	Philip D. Riley					July 14, DAY 1993 YEAR		5:00 A.M. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	TH	8. BIRTI	HPLACE (State or Foreign	
	137-10-4687	1 🔀 M 2 👢 F	80	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, April		13 Mas	try)	
- 4	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. 0	COUNTY OF D	OUNTY OF DEATH	
DIRECTOR	517 Newfield Rd.				Glen B	urnie		I	Anne A	rundel	
5	RESIDENCE OF DECEDENT										
2	10a. STATE 10b. COUNT			111111111111111111111111111111111111111	TOWN OR LOCA			10d. INSIDE CITY LIMITS?			
	-	Arundel		Glen	Burni					1 YES 2 NO	
¥.	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEN OF WI			WHAT COUNTRY?		
FUNERAL	517 Newfield Rd.		21061			United			States		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	R IN U.S. ARMED		CENDENT OF HISPAI	NIC ORIGIN? (Spe	cify Yes or No-	- 14. RAC	14. RACE — American Indian, Black, White, etc.	
8	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES			S 2 NO Specif		••••		Specify:	
		Merchant							White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	le completed)	18a, DE	Ve kind of wo	SUAL OCCUPAT	ON ost of working	16b. KIND	OF BUSINESS	/INDUSTRY		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)	1000	(Give kind of work done during most of working to NOT use retired.)  Stationary Enginee.							
N N				-	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -						
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	Maiden Surnam	ne)		
BE	Daniel Hayes Ri	ley					aret Pe				
ဥ	Joyce A. Riley-(	France	194	MAILING A	DDRESS (Street	end Number or Rural	Route Number, City	ber, City or Town, State, Zip Code) rnie, Maryland 21061			
		er eeue	_				n burnı	.e, Mai	yrano	1 21061	
	20a. METHOD OF DISPOSITION 1 □ Buriat 2 □ Cremation 3 □ Rer	novel from State	cemetery cres	20b. PLACE AND DATE OF DISPOSITION (Ne cemetery, crematory or other place)						own, State	
	4 Donatlor 5 Other (Specify)		Glen	Haven	Memor:			Glen	Glen Burnie, Mary		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	. 0		Kirls	NO ADDRESS OF FA	ck Fune	ral Ho	nme		
	Dest es	Such	$\sim$			_				e, MD 21061	
	23. PART I. Enter the diseases, or	complications that c	aused the de	eth. Do no	t enter the m	ode of dying, suc	h as cardiac o	r respiratory	arrest,	Approximate	
1	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one cause	on each line.							Interval Between Onset and Death	
	disease or condition				2						
	resulting in death)	DUE TO (OF	AS A CONSEC	UENCE OF)	and.					0,100	
_	disease or condition resulting in death)  a. Reval terries  Due to (or as a consequence of):  Sequentially list conditions,  Diff to (or as a consequence of):  Diff to (or as a consequence of):  Diff to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									July	
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury	C.			•			0			
E	that initiated events	DUE TO (OF	AS A CONSEC	UENCE OF):							
E	resulting in death) LAST	d									
	PART II. Other significant condition	ne contributing to de	oth hut not -		Abo constant de		D. 41				
MEDICAL	Anti II. Other significant conditio	is contributing to de	ath but not n	esulting in	the underlying	g cause given in		MAS AN AUTOP PERFORMED?	SY 24E	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
ă						<del>-</del>	10	YES 2 X NO		COMPLETION OF CAUSE OF DEATH?	
Σ										1 TES 2 NO	
Ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	LACE OF DEATH (Ch	eck only one)				
YSI	1 TES 2 NO	1 - Inpetient 2 - El				ne 5 🔀 Residence	8 Other (Spec	tty)			
표	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		28b. TIME INJU		JURY AT ORK?	28d. DESCRIBE HOW INJURY OCCURED				
à	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆						
	3 Suicide 8 Could not be	eet, factory, offi	factory, office 28f. LOCATION (Street and Number or Rui City or Town, State)			nber or Rural	rel Route Number,				
	4 Homicide determined							7925			
7	29a. CERTIFIER 1 I CERTIFYING PHYS	SICIAN: To the best of my	knowledge, des	th occurred	at the time, dat	end place, end due	to the cause(s) s	and manner as	stated.		
COMPLETED		ER: On the beels of exam								e) and manner se stated.	
- 10	296. SIGNATURE AND TITLE OF CERTIFIE		-			29c. LICENSE NUI					
8	110 n 20m	ul M	ID.			1) 217				(Month, Day, Year)	
임	10. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE O	OF DEATH (ITEM	27) (Type F	rint)				July	14, 1333	
	Stonla 7	000010	1.7	700	- Ac	10/-1	RA b	6702	C 10-	R. 10 = 11	
	31. DATE FILED (Morth, Day, Year)	32. REGISTRAR'S	SIGNATURE	1 -1	/// 7	V770/T		203	LITA	Burnie MD	
U	JUL 1 6 1993	gran Davide	- Boylat	L						21061	

		Page	
BALTIMORE, MARYLAND 21215-0020	r requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page It Health and Mental Hygiene prior to burial, cremation, or removal.	
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MARY	etained t	should	
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RECORDS, P.O. BOX 68760,	the d	been signed by the attending physician and completely filled in by the fi t. of Health and Mental Hygiene prior to burial, cremation, or removal.	
OH	that :	th an	
C	quires	n sign	j
T	8	bee .	•

s 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION DIVISION OF VITAL

93 20645

REGISTRAR		CERTIFIC	CATE	)F DEATH	REG	i. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	11 Rc	cco sr	•		2. DATE OF DEA	TH DAY	VEAT 3. TIME	OF DEATH
L SOCIAL SECURITY NUMBER			IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRT	711	13 0	020
152 16 0225	11.		NONTHS DAY		(Month, Day, y	per)	New Jej	
Da. FACILITY NAME (If not institution, give str			9b. CITY, TOV	VN OR LOCATION OF I			TY OF DEATH	csey
University of Mo				timore Ci		==		
RESIDENCE OF DECEDENT			Day	ormore or	cy			
Md.			timor	e City			LIF	SIDE CITY MITS? ES 2 NO
104. STREET AND NUMBER				101. ZIP CODE		10n CITIZ	EN OF WHAT CO	
1245 Sargent S	Street			2122	7	100	S.A.	*******
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA				rican Indian.
Never Married 2   Married	FORCES? 1 20 YE		If yes	s, specify Cuban, Mexic YES 2 NO Spec	can, Puerto Rican, el illy:	tc.)	14. RACE — Ame Black, White, Specify: Whi	
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S US	SUAL OCCUP	ATION	16b. KIND C	OF BUSINESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo		most or working				
		Machini	st		Во	x Factor	У	
17. FATHER'S NAME (First, Middle, Last)	Ewani- D-				AME (First, Middle, N			
	Frank Rocc				len Rose			
19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rura				
Linda Weyer		9014 Z	Zuni C	ourt E	llicott	City, Ma	aryland	21043
20e. METHOD OF DISPOSITION 1  Buriel 2  Cremation 3  Remo		10b. PLACE AND DATE OF		(Name of		Dc. LOCATION — C		
Donation 5 🗆 Other (Specify)		Metro Crem	natory	, Inc.	7/14	Baltimon	e, Mary	yland
21. SIGNATURE OF FUNERAL SERVICE LICE	ensee )	ushi	Geo	rge J. Go 1 Ritchie	nce Fune			1225
23. PART I. Enter the diseases, or ec	emplications that caus	sed the death. Do not	t enter the	mode of dying, au	ch as cardiac or	reapiratory arre	nt, A	pproximate
ahock, or heert failure. L	lst only one ceuse on	each line.						terval Between
disease or condition	Cardio 1	Julmon	arke	1			2	
resulting in death)		S A CONSEQUENCE OF):					7	- 4
	Princies	AK K					14	> wz
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):						40
cause. Enter UNDERLYING CAUSE (Disease or Injury	Eton	dere.						1040
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST								
PART II. Other algnificant conditions	contribution to death	hut not condition to	ab d - d					
and a sum and and conditions	continuing to death	out not resulting in	ma nudeu	ying cause given ir	Part I. 24s. W	AS AN AUTOPSY ERFORMED?	AMILAB	JTOPSY FINDINGS LE PRIOR TO
					1 🗆 Y	ES 2 ANO	OF DEAT	TION OF CAUSE
							1 🗌 YE	S 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.		. PLACE OF DEATH (C	heck only one)			
1 TYES 2 NO	1   Inpetient 2   ER/O		OTHER:	lome 5 - Rasidence	6 Other (Specify	y)		
7. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Year	Y 26b. TIME (		INJURY AT WORK?	28d. DESCRIBE H	HOW INJURY OCCU	RED	
Natural 5 Pending Accident Investigation	7/1/1			YES 2 NO				
3 Suicide 6 Could not be	28s. PLACE OF INJU- building, atc. (S)	RY — At home, farm, stre	eet, factory, o	ffice	261. LOCATION (S	Street and Number of	Rural Aoute Nurr	nber;
4 Homicide determined		Hosps 5	0		City or Town,	C (	KI	41 7120
9a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my kno	owledge death con-	of the No.	data and alert and a			7	
(Check only 2 MEDICAL EXAMINER								
		non-andron investigation,	и ту орино	n, centri occured at the	ume, cate and pla	ce, and due to the	cause(s) and ma	nner es stated.
96. SIGNATURE AND TITLE OF CERTIFIER	0 1	( AND		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, &	Day, Year)
		C CVX				<b>&gt;</b> 7	11493	
O. NAME AND ADDRESS OF PERSON WHO	0.11.							
tric Greenber	7 712 he	lwood St	Ed	to MA 21	201			
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							
JUI 18 1003 4	A Maile &	200						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR

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REC	requires
	WE
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
VISION	ATTENDING
5	OR
_	HOSPITAL

DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1735 kinn 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 405 14 7421 DAYS HOURS 1 M 2 F 68 YRS. 6/24/1925 Kentucky Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Joseph Richey House City Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland ======= Baltimore 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1709 S. Hanover Street for use as the burial-transit 21230 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL filled in by the funeral director, page 5 should be detached in or removal.

Ne medical examiner must be notified at once. 6th Grade Machinist Paper Bag 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumarne) James Roberts Julie Ley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louise Roberts 1709 S. Hanover Street Baltimore, Maryland 21230 20e. METHOD OF DISPOSITION

1 Suriel 2 Cremation 3 Removal from State 20h. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cedar Hill Cemetery 7/15 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 anyrous 23. PART I. Enter the diseeses, or to pilostions that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate \* shock, or heart fellura. Kist only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death certificate has been signed by the attending physician and completely filler in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or the disesse or condition event. resulting in death) DUE TO (QR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ovest traumatic munutes CERTIFICATION Sequentially list conditions, if sny, issding to immediate hronce cause. Enter UNDERLYING CAUSE (Disease or Injury Dos or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST YCINOMA uamous Injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY shows any 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 ☐ YES 2 ☐ NO Hoppiec. 1 Inpatient 2 ER/Outpatient 3 DOA 6 27. MANNEB OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this or with t marked, 1 Natural 5 Pending 1 YES 2 NO L DIRECTOR: After the bours after death v BY vestigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28 Is COMPLETED 6 Could not be 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If IN 2 \_\_\_ MEDICAL\_EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 포 dees sull Mas 23 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Irwin MD 828N. Eutawst. 10 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE he Devide JUL 6 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 20646

REG. NO

CERTIFICATE OF DEATH



									93	20647
	FOR STATE REGISTRAR	STATE OF MARY		EPARTMENT RTIFICATI			MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)	uss ler	Edith I	L. Russl	ler		2. DATE OF DEATH MONTH	DAY	YEAR S	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last b		1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	2	-	ACE (State or Foreign
	4-10-52-1275	1 🗆 M 2 💢 F	68	YRS.		1	08/12/19	7	West	Virginia
TOR	9a. FACILITY NAME (If not institution, give st		Cente	N Ba	= /T	R LOCATION OF I	P D		INTY OF DEA	
DIRECTOR	10a. STATE 10b. COUNTY	<b>'</b>		10c. CITY, TOWN		ION			100	0d. INSIDE CITY LIMITS?  VES 2 NO
	10e. STREET AND NUMBER				10f.	ZIP CODE		10g. CI1		AT COUNTRY?
FUNERAL	1213 Light Stre					21230			J.S.A.	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO		If yes, spe		ANIC ORIGIN? (Specify ) can, Puerto Rican, etc.) ://y:	ea or No—	14. RACE - Black, Specify:	- American Indian, White, etc. White
	15. DECEDENT'S EDUC	CATION	16a. DECE	DENT'S USUAL O	CCUPATIO	ON at unwiden	16b. KIND OF B	USINESS/IN	DUSTRY	WIII CC
COMPLETED	Elementary/Secondary (0-12) 6th Grade	College (1-4 or 5+)		kind of work done to NOT use retired.)	dung mo	a or worning	Home	Makei	r	
BE COM	17. FATHER'S NAME (First, Middle, Last)	tuben Farm	ner				AME (First, Middle, Meide ZZIE J.e.	,		
TO B	19a. INFORMANT'S NAME (Type/Print) Bertha Donovan			MAILING ADDRES 24 E. C.			A Route Number, City or Telet Balti			land 21230
	20a. METHOD OF DISPOSITION  1 Solution 2 Cremation 3 Remote the control of the co	oval from State	20b. PLACE OF other plecs VOSCINE	DISPOSITION (N	eme of cen leter	netery, cremetory of			city or Tow	n, State aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE M3	18116	//	_	D ADDRESS OF I E J. GOI Ritchie	ACILITY TCE Funera Hwy. Bal			. 21225
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final	List dilly one cause or	n each line.	1			ich es cardlec or res	piratory a	rrest,	Approximate interval Between Onset end Death
	disease or condition resulting in death)	a. Condu	AS A CONSEQU	IENCE OF):	004					
TION	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR A	AS A CONSEQU	IENCE OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR A	AS A CONSEQU	IENCE OF):						
	PART ii. Other significant condition	te contribution to dest	h hut not no	eulting in the u	ndedvin	T CRUES SINSO	n Part i 24- MRC	AN AUTOPSY	/ I 245 I	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Unusepsis Deep Veno	_				g cause given		ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME	Deep Veno	23 7 h 100	23 5011	′ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `						I TYES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	ACE OF DEATH (				
PHYS	1 Ves 2 No  27. MANNER OF DEATH  Netural 5 Pending	1 Inpatient 2 ER/C 28a. DATE OF INJUI (Month, Day, Yes	RY	28b. TIME OF INJURY	28c. INJ WO	URY AT	e 6 ☐ Other (Specify)  28d. DE\$CRIBE HOV	V INJURY O	CCURED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (3	URY — At hom Specify)	e, farm, street, fac		YES 2 NO	281, LOCATION (Stree City or Town, Sta	et and Numb te)	er or Rural Ro	ute Number,
COMPLETED	TOTAL OTHER	ICIAN: To the best of my ke								and manner as stated.
BE C(	29b. SIGNATURE AND TITLE OF CERTIFIE	R 7 /	/			29c. LICENSE N	UMBER	29d. D/	1	Month, Day, Year)
10 B	30, NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF	TZ /	Mb				•	7/13	193

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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 20648

		6.61-6-65- 2 41												
	1. DECEDENT'S NAME (First) Anthony	, MICICIIE, LIIST)	R.	I	Rizzo					2. DATE MONTH	of DEATH	″/ 93	YEAR	3. TIME OF DEATH 8:30
	4. SOCIAL SECURITY NUMBER 217-03-606		5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. 80	. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Month	OF BIRTH , Day, Year) 3/13		8. BIRT Coun	HPLACE (State or Foreigntry)
E	9a. FACILITY NAME (If not in 1100 N. 6	31d. S	street and number)	1				DR LOCATION.	ON OF DE		3/13	9c. COU	INTY OF I	
2	RESIDENCE OF DEC					1								
. DIRECTOR	MI)	10b. COUNT	Balti	more	10c. CI1	Balt								10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	100 N. 63rd. Street						101	I, ZIP CDDI		1237		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUNI	11. MARITAL STATUS  1 Never Married 2 XX  3 Widowed 4 Divo		IF YES, GIVE Y	NT EVER IN U.S. I YES 2   MAR OR DATES		н	f yes, sp	ENDENT Of Cuba 2 1 NO	n, Mexica	n, Puerto A	? (Specify Yes licen, etc.)	or No—	14. RAC Blec Spec	E - American Indian, ok, White, etc. city: White
TED		EDENT'S EDU y highest grade		16a.	(Give kind of life. Do NOT u	USUAL OC	CCUPATIO	ON ost of workin	g	16b.	KIND OF BUS	SINESS/INI	DUSTRY	
PLET	Elementary/Secondary (0	)-12)	College (1-4 or 5	+)		se renned.) Stria					Ame	rica	n St.	andard
COMPL	17. FATHER'S NAME (First, M							18. MOTH	IER'S NAI	ME (First, A	fiddle, Maiden	Surname)	11 150	CLITACLI. VA
BEC	Salvatore		) 								Bonna			
10	Steve Wals					O N.		.7	or Rural F	Route Numb	er, City or Town	n, State, Zij	p Code)	
	20s. METHOD OF DISPOSIT 5 Burial 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	noval from State	cemetery,	CEAND DATE crematory or o	ther plece)	ITION (Na	ame of	7.	/19/9				own, State
	21. SIGNATURE OF EUNERA		CENSEE /	1	UERWOO	22. P		ADDRES	SS OF FAC	CILITY	neral		1 moi	ce, MD
								4 2000						
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a.	Apo Gr	ilne. O ( <i>(0</i> )	not enter	the mo		ng, sucl	Ave.	lac or reapl	ratory ar		Approximate Interval Betwoen and De 34M
FICATION	snock, or n IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	lons, diate	a	use on each i	O COO	not enter	the mo	de of dyi	ng, sucl	Ave.	lac or reapl	ratory ar		Interval Bety
ERTIFICATION	snock, or n IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY!	ions, diate	a	OF AS A CON	O COO	not enter	the mo	de of dyi	ng, sucl	Ave.	lac or reapl	ratory ar		Interval Bety Onset and D
MEDICAL CERTIFICATION	snock, or n IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events	lons, diate ling	a	OR AS A CON	O COO ISEQUENCE O	not enter	the mo	nde of dyt	CU.	Ave.	lac or reapl	AUTOPSY MED?	17881	interval Bets Onset and E  3 400  b. WERE AUTOPSY FIND AMAILABLE PRIOR TO
MEDICAL	sect, or in IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	lons, diate ING	a	OR AS A CON	O COO ISEQUENCE O	not enter	1211 the mo	g cause s	CU	Ave has card	24a. WAS AN PERFOR	AUTOPSY MED?	17881	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF DEATH?
MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition of the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations.	lons, diate ING	a	O (OR AS A CON	ISEQUENCE OF THE SECUENCE OF T	Into enter	the mo	g cause of	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	17881	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF DEATH?
SICIAN: MEDICAL	snock, or in IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations.	lons, diate ING	a	OR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON COR AS A CON	IN SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECULENCE OF SECURENCE OF SECURENCE OF SECURENCE OF SECURENCE OF SECURENCE OF SECULENCE OF SECURENCE OF SE	Interest of the unit of the un	the mo	g cause g	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU, OF DEATH?
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ED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Cause, Enter UNDERLY!  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification in the condition of the condi	ions, diate ING ITY TO MEDICAL  Pending Investigation Could not be determined	a	OF AS A CON O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no	ISEQUENCE OF SEQUENCE THER 4 OF JURY M street, tactored at the tie	the mo	g cause of dyline 5 Tree lury AT Juny	given in  EATH (Che sidence	Part I.  Part I.  Dick only one  B Other  28t. LOCA  City of	24a. WAS AN PERFORM 1 YES 2  ATION (Street a per Town, State)	AUTOPSY MED?  NJURY OC  and Number	244	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	
D BY PHYSICIAN: MEDICAL	SHOCK, Of IN IMMEDIATE CAUSE (Fird disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injust in the initiated events resulting in death) LAS  PART II. Other significations of the image of	ions, diate ING ITY TO MEDICAL  Pending Investigation Could not be determined	a	OF AS A CON O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no O death but no	ISEQUENCE OF SEQUENCE THER 4 OF JURY M street, tactored at the tie	the mo	g cause g	EATH (Che sidence) NO	Part I.  Part I.  Sock only one  8 Other  28d. DE\$  to the ceu time, date	24a. WAS AN PERFOR 1 YES 2  (Specify) CRIBE HOW II  ATION (Street a per Town, State)	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY OC  and Number  and et at the state of the stat	244  CCURED  or or Rural  need.  he cause	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  Route Number,  (a) and manner as state (b) (Month, Pay, Year)	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injust that initiated events resulting in death) LAS  PART II. Other signification in death)  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 PNO  27. MANNER OF DEATH  1 Netural 5	o MEDICAL  Pending Investigation Could not be determined  CAL EXAMINIT  OF CERTIFIE  F PERSON WITH	a	OF INJURY — At etc. (Specify)	IN.  ISEQUENCE OF SEQUENCE OF	OTHER 4 ONLY M street, tactor	26. PL 3: sling Hom 28c. INJ ory, office	g cause g  LACE OF DI  THE STREET OF THE STR	given in  EATH (Che sidence NO and due	Part I.  Part I.  Both only one  Both of the cau  time, date	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE HOW III  ATION (Street a per Yown, State)	AUTOPSY IMED?  NJURY OC  and Number  as stated due to till  29d. DAT	244  CCURED  Y OF Rural  Red.  The cause	b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  Route Number,  (a) and manner as state (Month, Pay, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injust that initiated events resulting in death) LAS  PART II. Other signification in death)  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 PNO  27. MANNER OF DEATH  1 Netural 5	ions, diate ING ITY INT CONDITION OF CENTRAL EXAMINATION OF CENTRAL	a	OF INJURY  OF INJURY	INSEQUENCE OF ISEQUENCE ER 4 ONLY M street, tactor	26. PL 3: sling Hom 28c. INJ ory, office	g cause g  LACE OF DI  THE STREET OF THE STR	given in  EATH (Che sidence NO and due	Part I.  Part I.  Both only one  Both of the cau  time, date	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE HOW III  ATION (Street a per Yown, State)	AUTOPSY IMED?  NJURY OC  and Number  as stated due to till  29d. DAT	244  CCURED  Y OF Rural  Red.  The cause	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 NO  Route Number,  (a) and manner as staft.	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Last part II. Other signification resulting in death)  PART II. Other signification resulting in death)  25. WAS CASE REFERRED TO EXAMINER?  1	ions, diate ING ITY INT CONDITION OF CENTRAL EXAMINATION OF CENTRAL	a	DE INJURY — At etc. (Specify)	INSEQUENCE OF ISEQUENCE ER 4 ONLY M street, tactor	26. PL 3: sling Hom 28c. INJ ory, office	g cause g  LACE OF DI  THE STREET OF THE STR	given in  EATH (Che sidence NO and due	Part I.  Part I.  Both only one  Both of the cau  time, date	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE HOW III  ATION (Street a per Yown, State)	AUTOPSY IMED?  NJURY OC  and Number  as stated due to till  29d. DAT	244  CCURED  Y OF Rural  Red.  The cause  TE SIGNET	b. WERE AUTOPSY FINE AWAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO  Route Number,  (a) and manner as state (Month, Pay, Year)	

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI			NTAL HYGIENE REG. NO.	:		
1	1. DECEDENT'S NAME (First, MIGGIN Last)	Mary	MAR	y Ry	an 2	DATE OF DEATH	4 9	3. TIME OF DEATH	
		- 2/		UNDER 1 YEAR	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 2-04-03	T I	BIRTHPLACE (State or Foreign Country)  Pennsylvania	
OR	96. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			OWN OR LOCAL			Anne	10d. INSIDE CITY	
	MD Anne	Arundel		Lothi				1 YES 2 NO	
FUNERAL	_310 Berts Drive	_			0711		0	N OF WHAT COUNTRY?	
5	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC			. RACE — American Indian,	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	7ES		ecify Cuben, Mexicen, P 2 RO Specify:	verto Rican, etc.)		Specify: White	
COMPLETED	16. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted)	16e, DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION done during mo	N st of working	16b. KIND OF BUSI	NESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Housewif			Homer	makar		
NO.	17. FATHER'S NAME (First, Middle, Last)		HOUSEWIL	. e	18. MOTHER'S NAME	(First, Middle, Meiden S			
BE	Joseph John Fly	nn				t Kerri			
2	190. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rout			de)	
	Frank O. Ryan	200	310 BE		rive, Lo			20711	
	1 🔀 Burlel 2 🗆 Cremation 3 🗆 Remova 4 🗋 Donation 5 🗆 Other (Specify)	I from State come	teny cremetony or other	placel	ery			or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AN	D ADDRESS OF FACILI	TY			
	Kembely ?	5. Cerre			sty Fune idgely A				
	23. PART I. Enter the diseases, of conshock, or heart feliure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one ceuse on ee	ch line.	enter the mo	de of dying, such a	a cardiac or reapin	atory arrest	Approximata Interval Between Onset and Death	
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF:	Dep	sin			4-6 Op	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
AL C	PART II. Other aignificent conditions of	ontributing to death bu	it not resulting in t	he underlying	cause given in Par	t I. 24a. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS	
						PERFORM 1 YES 2 {		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC							1979	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Check of				
ž	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJI	5 Residence 6 I	d. DESCRIBE HOW IN.	JURY OCCUR	ED	
BY	Netural 5 Pending Investigation	(MORIT, Dely, 1841)	INJURY	M 1 V					
	3 Suicide 6 Could not be detarmined	28e, PLACE OF INJURY - building, etc. (Specif	At home, lerm, stree	t, factory, office	26	LOCATION (Street en City or Town, State)	d Number or F	Rural Route Number,	
COMPLETED		N: To the best of my knowle on the basis of emination						ouse(e) and manner so stated.	
WA	BIS SIGNATURE AND INTLE OF CERTIFIER	2 67	tuus		29c. LICENSE NUMBER		29d. DATE SI		
2	30, NAME AND ADDRESS OF PERSON WHO C	DMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin	Pinc	JU AND	Helpo A	A/A/A1	061 1 W 214/1	
	31. DATE FILED (Month, Day 1047)	32. JEGISTRABIS SIGNAT	TURE	Ciya	207 1.00	HIDO	11,0,00	- ULI IN TO	

Control of the Contro	DALLIMONE, MARTLAND ZIZI3-UL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 8 may be minimal by the hospital or attending a	nours after death. Page 6 may be retained by the hospital or attending p
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and companies filter in by the funeral director, age 5 should be detached for use as the t	if in by the funeral director, page 5 should be detached for use as the b
be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to Aprilla, creminant or partown.	or pational.
IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	specical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	E OF MARYLAND / D	EPARTMENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ERN				2. DATE OF DEATH		3. TIME OF DEATH
	ERNEST	RICHBU	URF		MONTH DAY	93	31 55PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest bi		IF UNDER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year)		IPLACE (State or Foreign
	251-62-4948 ¹⅓™	<sup>2 □ F</sup> 52	YRS. MONTHS DAYS	HOURS MIN.	4-23-41	Coom	" N . C .
	9a. FACILITY NAME (If not institution, give street and nu		96. CITY, TOWN O	R LOCATION OF OE	ATH 9c. C	OUNTY OF E	DEATH
DIRECTOR	FRANCIS SCOTT KEY HOS	SPITAL	BALTI	MORE			
S S	10a. STATE 10b. COUNTY	1/	10c. CITY, TOWN OR LOCATI	ON			10d. INSIDE CITY
18	MD		BALTIMORE				LIMITS? 1 YES 2 NO
	10s. STREET AND NUMBER			ZIP CODE	10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	5723 JONQUIL AVE			21215		U.S.A	
15		DECEDENT EVER IN U.S. ARME	D 13. WAS DECE	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea or No-	- 14. RAC	E — American Indian,
ВУ		S, GIVE WAR OR DATES		2 X NO Specify:	, Puerto Rican, etc.)	Spec	k, White, etc.
	15. DECEDENT'S EDUCATION	Two sees		4.0		I AFR	. AMERICAN
	(Specify only highest grade completed)	(Give	DENT'S USUAL OCCUPATIO kind of work done during mos o NOT use retired.)		16b. KIND OF BUSINESS	/INDUSTRY	
P	Elamentary/Secondary (0-12) College	(1-4 or 5+)	DRIVER		DDEGMON	<b>M</b> D	****
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		DKIVEK	16. MOTHER'S NAM	PRESTON  AE (First, Middle, Maiden Surnam		LNG
	JOHNNIE RICHBURG				BOZIGER	,	
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. N	MAILING ADDRESS (Street an		oute Number, City or Town, State	Zip Code)	
٩	JACQUELINE RICHBURG		5723 JONQUII	L AVE BAI	TIMORE MD 21	215	
	20a. METHOD OF DISPOSITION 1   ↑ Burlal 2 □ Cremetion 3 □ Removal from	/	DATE OF DISPOSITION (Nar		OATE 20c. LOCATION		own, Stata
	4 Donation 1 Ultrai (Opecity)	DRUID I	tory or other place) RIDGE CEM	7/1	4/93 BALTI	MORE_	MD
	21. SIGHATURE OF FUNERAL SERVICE ESCENDE	//X		ADDRESS OF FAC	CILITY	7	
	Jan Slad	1			RS FUNERAL HO		
	23. PART L Enter the classes or complicate shock, or hears allyre. List only	ions that ceused the death	h. Do not enter the mod	ia of dying, auch	as cardiec or respiratory	arrest,	Approximate
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	. /	vetron	atic F.	Known frim	417	Interval Batween Onsef and Death  12  12  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18
CER	PART II. Other significant conditions contrib	uting to death but not rea	ulting in the underlying	cause given in I	Part I. 24s. WAS AN AUTOP	ev Tau	WERE AUTOPSY FINDINGS
: MEDICA		ilve / Rev	ral transp	lant	PERFORMED? TE YES 2 NO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 27 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Che	ck only one)		
Sic	EXAMINER?  1 YES 2 NO 1 No 1 No 1 No 1	TAL: Ilent 2 ER/Outpatient 3	DOA 4 Nursing Home	5 🗆 Residence 1	Other (Specify)		
≩	27. MANNER OF DEATH 28a.	DATE OF INJURY 2	28b. TIME OF 28c. INJU	IRY AT	28d. OESCRIBE HOW INJURY	OCCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 V	ES 2 NO			
	2 Colomit	PLACE OF INJURY — At home, building, etc. (Specify)	, tarm, street, factory, office		28f. LOCATION (Street and Nun City or Town, State)	nber or Rural	Route Number,
ETE	4 Homicide detarmined	, , , , , , , , , , , , , , , , , , , ,			City or iowit, state)		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful on the beautiful one of the beautiful on the						i) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MO A PAR	Soul	29c. LICENSE NUM	BER D19805 29d.	ATE SIGNED	(Month, Day, Year)
T0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED A VI A STEEL	TEO CAUSE OF OCATA HTEM 2		5 5co to	Key Hospita	/ Me	ed conto
10	JUL 4/6/1893 guli du	CISTRANS EIGHTTHUS			1 - 1		

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Page 6 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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DIRECTOR: hours after

FUNERAL within 72 h

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31. DATE FILED (Month, Day, Year)

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1993

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32. REGISTRAR'S SIGNATURE

lie Devidon-Bondall

93 20651 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 6 A M GERALD KAY RATLIFF 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 | F VIRGINIA 67 YRS 231-24-5662 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8903 Rob Robin FUNERAL DIRECTOR RINCE 650R655 LAUREL 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Privie mD LAVREL 1 YES 2 K NO 10e. STREET AND NUMBER 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? ROBIN 8903 PLACE 20708 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 14 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ff yes, specify Cuban, Mexican, Pt 1 ☐ YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY specty te 3 Widowed 4 Divorced 8/6/ 45-10/28/47 COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 FIELD MANAGER IBM 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK RATLIFF Ħ ELVA BOWLES BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BETHEL RATLIFF 8903 ROBIN PLACE, LAUREL, MARYLAND 20708 20s. METHOD OF DISPOSITION
1 □ Buriel 2 X Cremation 3 □ Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) BALTIMORE WASHINGTON CREM. 7/13 LAUREL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING RD, LAUREL, MD. 20707 23. PART I. Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ehock, or heert fellure. List only one ceuse on each line Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition\_ · ANTENIONUETOTI CANDIOVACULA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. PART il. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE PERFORMENT shows any 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 VES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural N /A В 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 149 3 Suicide 6 Could not be COMPLETED 28 4 Homicide ltem met 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Deputy Michica & 29c. LICENSE NUMBER Examine DO 1852 29b, SIGNATURE AND TITLE OF CERTIFIER BE 29d, DATE SIGNED (Month, Day, Year) ▶7-12-93 9



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and the second

	1. DECEDENT'S NAME (First, Middle, Last) EDMUND			F.		RED.	A	MON			YEAR	TIME OF DEA
	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs.	. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		09 OF BIRTN	1993	BIRTNPL	9:15  ACE (State or F
	212-05-8-81	1 M 2 - F	82	YRS.	MONTHS	DAYS	HOURS MIN.		-6-10	1	Country) MARY	LAND
Œ	9e. FACILITY NAME (If not institution, give s						OR LOCATION OF D	EATH		9c. COUNT	Y OF DEA	TN
CTO	302 S. WASHING RESIDENCE OF DECEDENT  100. STATE  100. COUNT						MORE				_	
DIRECTOR	MARYLAND 100. COUNT	Y			ALTI							DIG. INSIDE CIT
ERAL	10e. STREET AND NUMBER						. ZIP CODE				N OF WH	AT COUNTRY?
NEF	302 S. WASHING	TON STE		ADMED	142.1		21231	NIC ONIO	AM (D M - M -		JSA	A
BY FUN	1 Mover Married 2 Merried 3 Widowed 4 Divorced	FORCES?	YES 2	- No	li li	yes, spe	ecity Cuben, Mexic 2 NO Spec	an, Puerto	Rican, etc.)	e or No 14	Black, \	- American Indi Mhite, atc.
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NOC	17. FATNER'S NAME (First, Middle, Last)						16. MOTNER'S N	AME (First,			11110	
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9	MRS. KATHERYN K	(AHL FR					nd Number or Aurai					
	20a METNOD OF DISPOSITION 1 Derived 2 Cremetion 3 Rem			CEANDDATE	OF DISPOS	ITION (No	ome of	DA		CATION — CH		
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	22 DADT f Enter the diseases pr	opmothetlane di		Der.					VENUE			
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	TIEGISTIANT				OLITTI	ICAII		DEAL	111	H	EG. NO.			
!	1. DECEDENT'S NAME (First, Ethel Ro	Middle, Last) eder								2. DATE OF C	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	last hirthday	IF UNDER	1 VEAU	IF UNDER	24 1400	7. DATE OF B	12	2 1:	993	3:10 pm M
	220-38-55		1 🗌 M 2 🔀 F	, ,	9 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day Sept. 7	y, Year)	13	Country	laryland
	9a. FACILITY NAME (If not in:	stitution, give s	treet and number)			96. CITY	, TOWN	OR LOCATION	ON OF DEA		, 19.		NTY OF D	
E O	Franklin	Squar	e Hospit	al			Re	ossvi	ille			-	Ltimo	
5	RESIDENCE OF DECEDENT													
DIRECTOR	Md. Baltimore					Y, TOWN (			le Ri	ver				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
BY FUNERAL	100. STREET AND NUMBER 2129 Oak	land R	Road				101	. ZIP CODI	212	20		10g. CIT	IZEN OF W	THAT COUNTRY?
NS	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F HISPANIC	ORIGIN? (Specify Yes or No				- American Indian
7	1 Never Married 2		FORCES? 1 IF YES, GIVE V	YES 2	<b>≧</b> NO		If yes, sp	ecify Cuba	n, Mexican, Specify:	Puerto Rican	, atc.)		Black	, White, etc.
	3 Widowed 4 Divo							-27						White
COMPLETED	(Specify only	EDENT'S EDUC highest grade		18a.	(Give kind of life, Do NOT u	work done	durina ma	ON ast of workin	ng	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
7	Elementary/Secondary (0	-12)	College (1-4 or 5	+)							77 .	4		
MO	12th 17. FATHER'S NAME (First, Mi	ddle, Last)			Sa.	lespe	erso		MED'S NAM	E (First, Middle		zler	S	
BEC	Samua	1 E. F	Pugh						G	race I	Edwai	ds		
5	19a. INFORMANT'S NAME (7) Conrad Ro				19b. MAILING 212	Oak	s (Street a	nd Number d Roa	or Rumi Ad ad	oute Number C Baltin	nore	Md .	2122	0
	20a. METNOD OF DISPOSITI	ON n 3 □ Rame	oval from State		CE AND DATE			me of		DATE	20c. LO	CATION —	Cify or Ton	wn, Sfeta
	4 Donation 5 Other  21. SIGNATURE OF FUNERAL			Ga	rdens	s of Faith 7/16/93 Rossville Md					Md.			
	( Land III	F	ensee	0 4	2	22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MaceAve. 21221							21221	
	23. PART I. Enter the di	sensea, or c	omplications the	t caused tha	death. Do	not entar	the mo	de of dyl	ng, auch	as cardlec	or reapli	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Fin		List only one ceu	ise on each l	Ine.									Interval Between Onset and Death
	disease or condition resulting in death)	<b>+</b>	Comp1:	icatior	ion of Pulmonary Emboli									
Ì				(OR AS A CON		,			0.660	UP O	.0	2		
No.	Sequentially list conditi			ic Ence				-	THE	Koll	2007	Λ		4
¥	if any, leading to immed cause. Enter UNDERLY!	NG D	302.10	(011 NO A 0011	SEGOENCE O	phalpathy EQUENCE OF):						`		
Ē	CAUSE (Disease or Injusthat initiated events	γ 🦒 ˈ	DUE TO	(OR AS A CON	SEQUENCE O	n:			-	- MI	POL			
EDICAL CERTIFICATION	resulting in death) LAST								De	12-7				
2	PART II. Other algolification	nt condition	a contributing to	death but no	ot resulting	In the ur	derlyin	Cause o	alven in P	net I Take	WEC AN	ALITOREV	1 245	WERE AUTOPSY FINDINGS
S	Fracture						id only in i	y outdoo g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMED? AVAILABLE			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
			-							-   10	YES 2	⊕ NO		OF DEATH?
Σ										-				1 TYES 2 NO
Š.	25. WAS CASE REFERRED TO	MEDICAL					28. PL	ACE OF D	EATH (Chec	k only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 - Nur		e 5 🗆 Re	sidenca 8	☐ Other (Spe	ecity)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY lay, Year)	28b. TIN		28c. INJ	_	_	28d. DESCRIB		JURY OC	CURED	
ΒY		Pending nvestigation				М	1 🗆 1	res 2	NO NO					
		Could not be letermined	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, ferm,	street, fact	lory, offic	•		28f. LOCATION City or Tox	N (Street a vn, State)	nd Number	r or Rural A	oute Number,
COMPLETED	29a. CERTIFIER		1000											
MP														and manner on stated
									NSE NUMB		piaca, ain			(Month, Day, Year)
TO BE	Ad	ell	h Mr	11	4			D41				<b>&gt;</b>	>//	3/93
	30. NAME AND ADDRESS OF Adolph Wycl			00 Fra			re I	rive	Ва	ltimor	e, M	Id 2	1237	
5	31, DATE FILED (Month, Day, 1		32. BEGISTRA	R'S SIGNATUR	E									
$\mathcal{L}$	JUL 1 6 1993 gulie Deviden Mandese													

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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fler death. Page 6 may be retained by the hospitation attending	pag	t be	l
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OR A	DIRE	E	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 nours after death. Page 6 may be retained by the hospitation attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND ME	NTAL HYGIENE REG. NO.				
1	1. OECEOENT'S NAME (First, Middle, Last)	. Schaller Eli	zabeth A	Schaller	DATE OF OEATH DAY	YEAR 1140 A PO M			
	4. SOCIAL SECURITY NUMBER 2.19-50-6021	5. SEX 6. AGE (In yrs. last	MONTHS DAY		DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)			
	9s. FACILITY NAME (If not institution, give st	9 0	9b. CITY, TOV	N OR LOCATION OF CEATH	12-28-189	7 Baltimore, MD			
FUNERAL DIRECTOR	Medhride Baltimore Ridge Ad Baltimore BALTIMORE								
HEC	10s. STATE 10b. COUNTY		BALTIM		10d. INSIDE CITY LIMITS?				
AL C	10. STREET AND NUMBER		DALITH	101. ZIP CODE	100	1 TYES 2 NO			
JNEF	343 NEWKIRK	12. WAS DECEOENT EVER IN U.S. ARM	150 12 MMS	21224 DECENDENT OF HISPANIC		U.S.A.			
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO. IF YES, GIVE WAR OR DATES	if yes	apecify Cuban, Mexican, P ZES 2 NO Specify:	verto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:			
TED	15. DECEOENT'S EOUC (Specify only highest grade	completed) (Give	EOENT'S USUAL OCCUP	ATION most of working	16b. KINO OF BUSINES	SS/INOUSTRY			
COMPLETED	Elementary/Secondary (0-12) 5 t h	College (1-4 or 5+)	nemaker		Own Hom	e			
	17. FATNER'S NAME (First, Middle, Lest)  Adam Schmitt				(First, Middle, Malden Surna				
) BE	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING AOORESS (Stre	et and Number or Rural Route	hmittle  Number, City or Town, Ste	eta. Zip Code)			
5	Charles E. So	challer 3	43 Newki	rk Ba	alto.,Md.	21224			
	20s. METNOD OF OISPOSITION 11 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b. PLACE AN cometery, crem Balt1	NO OATE OF DISPOSITION patery or other place) LINDIE COM	etery 7-1		ON — City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE DC	Peter S. As	shton 22. NAME	ANO ADDRESS OF FACILIT	TY	1 Home, Inc.			
	thes	Common Co	213	4 Willow S	Spring Rd	,BA1to.Md.21222			
	23. PART I. Enter the diseases, or canonical series and control of the control of	Liet only one cause on each line.	th. Do not enter the	mode of dying, such as	cerdlec or respirator	ry arreat, Approximata interval Batween Onset and Death			
	disease or condition resulting in death)	OUE TO (OR AS A CONSEQU	tory to	ailure		1191			
NO	Sequentielly list conditions,	Exacerb	ation	of Broi	nchiti.	7			
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSEQU	JENCE OF):						
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQU	JENCE OF):						
AL CE	PART II. Other eignificant conditions	contributing to deeth but not re-	aulting in the underh	ring cause given in Par	t i. 24a, WAS AN AUTO	OPSY 24b. WERE AUTOPSY FINDINGS			
DICA					PERFORMEO	? AVAILABLE PRIOR TO			
PHYSICIAN: MEDIC						1 TYES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	V000-7-1		PLACE OF OEATH (Check of	only one)				
IYSI	1 VES 2 DNO 27. MANNER OF OEATH	HOSPITAL: 1   Inpatient 2   ER/Outpetient 3   26a. OATE OF INJURY		ome 5 Residence 6					
ВУ Р	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	NJURY AT WORK?  YES 2 NO	d. OEŞCRIBE HOW INJUR	Y OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI hom building, etc. (Specify)	e, farm, street, factory, o	ffice 28t	LOCATION (Street and No City or Town, State)	lumber or Rural Route Number,			
29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  29s. CERTIFUER  (Check only one)  20s. C									
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	006 1.	1	29c. LICENSE NUMBER		I. DATE SIGNEO (Month, Pay, Year)			
TO B	30. NAME AND ADDRESS OF PERSON WHO	1 / Salaty	mo	D 289	49	7/12/93			
	P.A.Baltatzis	1232 Race Rd.		202 Bal	to.,Md. 2	1237			
	JUL 1 6 1993	32 REGISTRAR'S SIGNATURE Julia Deviction Rand							
	1893	- Wand	AR1						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention present. Pages 1, 2, 3 should be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

											93	21	0655	
	FOR 1 - STATE	STATE OF M	ARYLAND /	DEPAF	TMENT	OF H	IEALTH	AND	MENTA	L HYGIEI				
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	ICATE	OF	DEAT	ГН		REG. NO	).			
									MONT		DAY	YEAR	TIME OF OEATN	
	RICHARD STUM  4. SOCIAL SECURITY NUMBER		a sor the section	**************************************			1	- 201	701			-	25/pm	M
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	De SACH CTV NAME (I and Institute of the Control of										.,Md.			
<u>د</u>	96. FACILITY NAME (If not institution, give street and number)  96. CTY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF OEATH  9c. COUNTY OF OEATH													
15	RESIDENCE OF DECEDENT		001.		שט	1111	. III O I	e					•	
DIRECTOR	10e. STATE 10b. COUNT	•		10c. CIT	Y, TOWN C	OR LOCAT	ION					10	d. INSIDE CITY	
		timore		Du	nda1								TYES XIX NO	
RAI	10e. STREET AND NUMBER	P 1		_			ZIP CODI				1		T COUNTRY?	
FUNERAL	8207 Watersedge						122				U.S.	Α.		
	11. MARITAL STATUS  1 Never Merried 2\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)	12. WAS DECEDENT FORCES? 1	YES 2 N	MED O	1 1	If yes, spi	ecify Cube	n, Mexica	in, Puerto	N? (Specify Ye Rican, etc.)	s or No-	I4. RACE — Black, W	Americen Indien, /hite, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WA	IR OR DATES	appears).					Specify:					
G	15. OECEDENT'S EDU	CATION	18e. DEC	CEDENT'S	USUAL O	CCUPATIO	ON		188	. KIND OF BL	ISINESS/INDU	Whit	e	_
COMPLET	(Specify only highest grade	College (1-4 or 5+)	life.	ve kind of Do NOT u	work done ( se retired.)	during mo	st of working	99						
MP	12	3	Co	mpu	ter	0pe	r.			Steel	L Co.			
00	17. FATNER'S NAME (First, Middle, Last)				_					Middle, Meider				
BE	Richard Stump	f,Jr.								Band				
2	190. INFORMANT'S NAME (Type/Print) Patricia A. St	tumnf									vn, State, Zip (			
	20e. METHOD OF DISPOSITION	_ umpi						ge h	_		alk,M			
	1 X Buriel 2 Cremation 3 Rem	oval from State	cemetery, cren	natory or o	of DISPOS ther place)	ITION /Na	me of	7	DAT	E 20c. LC	OCATION — CI	ify or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE	JUAK	Lawi										
	1 × 510 m	Ediso			- 1	DIa	UTE	v — A >	5111 ()	n Fur	neral	Hom	e, 11222 e, Inc.	
	23. PART i. Enter the diseases or	complications that	DO	008:	3 12 1	34	WIII	Low	Spr	ing F	Rd.Du:	ndal	k,Md.	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart fallure. List only one cause on each line.  Approximate interval Between													
	iMMEDIATE CAUSE (Final disease or condition	0	^	<	1=	1		,					Onset and Dat	ath
	resulting in death)	a. Oraco	OR AS A CONSEO	UENCE O	D:	10(	DCC	CL		SEPS!	7		2 des	
z		Hear	OR AS A CONSECUTOR AS A CONSECUTOR		· oah	. N. C							3	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEO	UENCE O	F):	10 42								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c												
	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEC	UENCE O	F):									
CER	Touchting in Guatily Exst	d											ļ ļ	
	PART ii. Other significant condition	is contributing to d	faath but not re	suiting	n tha un	deriying	causa g	jivan in	Part i.	24s. WAS AN		24b. WE	RE AUTOPSY FINDING	GS
MEDICAL										PERFO		co	MPLETION OF CAUSE	
NE I									_	1 22-110			DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	eck only or	ne)				
YSI	1 TYES 2 THO	1   Inpatient 2	-				5 🗆 Re	sidence	8 🗆 Othe	r (Specify)				
РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF III (Month, Day	NJURY (, Year)	28b. TIM INJ	E OF URY	28c. INJU WOI	RK?		28d. DES	SCRIBE HOW	INJURY OCCU	RED		
à	2 Accident Investigation	280 PLACE OF	IN HITTY As has		M		ES 2 ⊱	NO						
8	3 Suicide 8 Could not be 4 Nomicide detarmined	building, et	INJURY — At horr	4.1	- 111				28f. LOC City	or Town, State,	1		2.0	
9	29e. CERTIFIER	- Man		cott	_	1	المعال		45	40 1	cition		Kett More, 1	U
COMPLET		CIAN: To the best of m												
	2 MEDICAL EXAMINE			veaugatio	., из ту ој	pinion, de				end place, er				
H	250. DATE SIGNED (MORRIO, DB), TOBIC													
유	30. NAME AND ADDRESS OF PERSON WH	O DOMPLETED CAUSE	OF DEATH (ITEM	27) (Type	Print)			000	+		1 - 3	- un c	3	_

32. REGISTRAR'S SIGNATU

31. DATE FICED (Month, Day, Year) = = = JUL 1 6 1993

DHMH-18 Rav 1/89

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2	SZ	M	7	1

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR			E OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) SAM BOLLIE	IAVS	0110	TEV	2. DATE OF DEATH MONTH	YEAR 3. TO	IME OF DEATH
	500 0 100	SEX 6. AGE (In yrs	s. fest birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE/OF BIRTH (Month, Oby, Hear)	E. BIRTHPLAC	E (Statu or Foreign
_	96. FACILITY NAME (If not institution, give street	01		TY, TOWN OR LOCATION OF D	4/27/1	COUNTY OF DEATH	edin
DIRECTOR	RESIDENCE OF DECEDENT	rry Il!	- 3	alenne	Md.		
	10a. STATE 10b. COUNTY	0 —	Ba	Timele	Cet		INSIDE OFF LIMITS? YES 2 \( \) NO
FUNERAL	100. STREET AND NUMBER	21 se 1:	ti	101. ZIP CODE	260 10	2. CITIZEN OF WHAT	COUNTERT
	11. MARITAL STATUS 12 1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci		lo— 14. RACE — Ar Black, Whit	merican Indien, ta, etc.
ED BY	15. DECEDENT'S EDUCATE	ION 160	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY	ite
COMPLETED	(Specify only highest grede com Elementary/Serfondary (0-12)	college (1-4 or 5 +)	(Give kind of work don life. Do NOT use relied	e during most of working	100) -	91000	110
	TZ. FATHER'S NAME (FIRST, AMERICA, Last)	until	1	18. MOTHER'S N.	AME (First, Middle, Melden Surn	sme)	2
TO BE	19s. INFORMANT'S WAVE (Type/Print)	Pal	19b. MAILING ADDRE	SS (Street find Number or Fluins	Paragy Burneye City or Joyn. Sit	en zo ggm	70 1811
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cormetion 3   Barnoval	from State 20b, #LA	CEAND DATE OF DISP	DSITION/Name of	DATE YOU LOCATE	Er Promise	Sin A
	4 Donation Dther (Specify)	- U LH	eensa	HAME AND ADDRESS OF F	2 1/5/93 X	teens	pala
	Extelen 1	Dode		Hailes (	Fort a	M. I	met.
	23. PART . Enter the disease, or com shock, or heart failure. List IMMEDIATE CAUSE (Final	plications that caused the only one cause on each?	death. Do not entitle.	or the mode of dying, suc	ch as cardiac or respirato	ry arrest,	Approximate Interval Between Onset and Death
	disease or condition resulting in death) a	DUE TO (OR AS A CO	SEQUENCE OF:	ery De	Sease		
NOI	Sequentially list conditions, if any, leading to immediate		ensio				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	BEQUENCE OF:				
CERT	resulting in death) LAST						
DICAL (	PART II. Other significant conditions co	ontributing to death but no	ot resulting in the u	ınderlying cause given in	Part I. 24s. WAS AN AUTO PERFORMED	? AMIL	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
¥					1 TYES 2 T	OF DE	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C/	neck only one)		
YSI	1 🗆 YES 2 🕽 NO 10	OSPITAL: Inpatient 2 ER/Outpatient	OTHE	R: ursing Home 5 ( Residence	8 Other (Specify)		
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	26d. DESCRIBE HOW INJUR	Y OCCURED	
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At building, etc. (Specify)	t home, ferm, street, fa	ctory, office	281. LOCATION (Street and N City or Town, State)	umber or Rurel Route N	umber,
PLE	296. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledge,	, death occurred at the	time, date and place, and due	to the cause(s) and manner	as eteled	
COMPLETED		in the basis of examination and					manner se stated.
BE	296. SIGNATURE AND TITLE OF GERTIFIER	W-2 1	40	29c. LICENSE NU	MBER 290	7-15-	1, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED EAUSE OF DEATH (		Pennin	aton A	tre 2	2127/
5	31. DATE FILED (Month, Day, Year)  JUL 1 6 1993 Gre	32. REGISTRAR'S SIGNATURE	E	(			200
- 41	1000 /						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and dental physician and the sidned by the attending physician and dental hospital physician and dental hospital physician and dental hospital physician. The filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to build certain and the manufacture of the physician.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.C. BOX 68760,

DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 20657
CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, 10,100,101							2. DATE	OF OEATH			3. TIME OF DEA
ľ	HENRY	ED	WARD	STE	WART				O MONT	12	199	3	10:55
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH		S. BIRTH	PLACE (State or F
	101-24-418	32	1 M 2 F	61	YRS.	MONTHS	DAYS	HOURS MIN,	Oc. t	h, Day, Year)	931	New W	York
	Se. FACILITY NAME (If not in		street and number)			9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH							
E	816 STOL	LS S	г.			BALTIMORE							
5	RESIDENCE OF DEC												
DIRECTOR	10e. STATE	10b. COUNT	TY		10c. Cl	TY, TOWN C	OR LOCAT	TION					10d. INSIDE CIT LIMITS?
	Maryland	200			В	rook	clyn	lyn					MX YES 2
¥	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
当	816	Sto	11 St.				21225					U	.S.A.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.					or No-	14. RACE Black	- American ind White, etc.
ВУ	1   Never Married 2   Married   FYSE, GIVE WAR OR DATES   Korean Confi					1 YES 2 XNO Specify:					18	Specif	
TED		EDENT'S ED		16a,	Give kind of	work done	CCUPATIO during mo	ON ast of working	168	, KIND OF BU	SINESS/INDU	JSTRY	
COMPLET	Elementary/Secondary (0-12) Coffege (1-4 or 5+)			)	life. Do NOT L								
¥	12				Se	curi	Lty				sting	hou	se
	17. FATHER'S NAME (First, M		1 0:					18. MOTHER'S N					
BE			ael Stew	vart						erine		_	
2	190. INFORMANT'S NAME (							and Number or Rura					
	Mary Ero							St., Apt.					
	20e. METHOD OF DISPOSIT	on 3 🗆 Ren	moval from State	cemetery.	CE AND DATE	other place)			DAT		CATION — C		
- 6	4 Donation 6 Other	(Specify)		MD	VA				/19/9	3 0	crowns	vill	Le
	21. SIGNATURE OF FUNITIAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home, P.A.												
	IMMEDIATE CAUSE (Fir disease or condition	aart fallure	complications that	coused the	death, Do	not enter	tha mo	Ol Rito	hie	Hgwy.	, Bal	tim	
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OMPLETED BY PHYSICIAN: MEDICAL C	shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentielly list condit if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS  PART II. Other eignificate  25. WAS CASE REFERRED T EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Coldent 3 Suicide 6 4 Homicide  290. CERTIFIER Check only 1 CERT	ions, dista iNG iry on condition of the	B. DUE TO ( b. DUE TO ( c. DUE TO ( d. DUE	(OR AS A CON  (O	SEOUENCE COSEOUENCE CO	OTHER 4 Num  Street, fact  red at the 1	26. PLR: sing Hom 26. INJ tory, office	D1 Ritc de of dying, eu  Cay  Ge 5 XResidence URY AT RIK? YES 2 NO	hie ches cere ch	Hg Wy disc or reepide or reepide or reepide or reepide or reepide or reepide or service	AUTOPSY IMEORY NO NJURY OCCI	24b.	WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 Oute Number,
COMPLETED BY PHYSICIAN: MEDICAL C	shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentielly list condit if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS  PART II. Other eignificate  25. WAS CASE REFERRED T EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Coldent 3 Suicide 6 4 Homicide  290. CERTIFIER Check only 1 CERT	ions, dista iNG iry ont condition on MEDICAL.  Pending investigation Could not be determined.	B. DUE TO ( b. DUE TO ( c. DUE TO ( d. DUE	(OR AS A CON  (O	SEOUENCE COSEOUENCE CO	OTHER 4 Num  Street, fact  red at the 1	26. PLR: sing Hom 26. INJ tory, office	D1 Ritc de of dying, eu  Cay  Ge 5 XResidence URY AT RIK? YES 2 NO	hie ches cer  Part I.  Part I.  28d. DE 28f. LOC City  te to the ca e time, date	Hg Wy disc or reepide or reepide or reepide or reepide or reepide or reepide or service	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MADE OF THE PROPERTY OCCURATION OCCURATIO	24b.  24b.  cause(s)	Approxin Interval E Onset en O
BE COMPLETED BY PHYSICIAN: MEDICAL C	shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentieity list condit if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inju that infilted events resulting in death) LAS  PART II. Other eignifice  25. WAS CASE REFERRED T EXAMINER? 1	ions, dista iNG iry ont condition on MEDICAL.  Pending investigation Could not be determined.	B. DUE TO ( b. DUE TO ( c. DUE TO ( d. DUE	(OR AS A CON  (O	SEOUENCE COSEOUENCE CO	OTHER 4 Num  Street, fact  red at the 1	26. PLR: sing Hom 26. INJ tory, office	D1 Ritc de of dying, eu  Cay  Ge of dying, eu  Cay  Ge of DEATH (Company AT price)  end place, and de death occured at the course of the cours	hie ches cer  Part i.  Part i.  Part i.  Part i.  Part i.  Part i.  Part i.  Part i.  Part i.	Hg Wy disc or reepide or reepide or reepide or reepide or reepide or reepide or service	AUTOPSY AMED?  AUTOPSY AMED?  NJURY OCCI	24b.  24b.  couse(s)  signed	Approximintarval E Onset an On
COMPLETED BY PHYSICIAN: MEDICAL C	shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentieity list condit if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inju that infilted events resulting in death) LAS  PART II. Other eignifice  25. WAS CASE REFERRED T EXAMINER? 1	ant fallure nai  ions, dista iNG iny int condition  O MEDICAL  Pending investigation Could not be determined  FIFYINO PHYSICAL EXAMIN	B. DUE TO (  b. DUE TO (  c. DUE TO (  d	(OR AS A CON  (O	SEOUENCE CONSEQUEN	OTHER  A I Num  ME OF JURY  M  street, fact	26. PLR: sing Hom 26. INJ tory, office	D1 Ritc  de of dying, eu  Cay  G cause given i  ACE OF DEATH (Company AT  WES 2 NO  end place, and de  leath occured at the	hie ches cer  Part i.  Part i.  Part i.  Part i.  Part i.  Part i.  Part i.  Part i.  Part i.	Hg Wy disc or reepide or reepide or reepide or reepide or reepide or reepide or service	AUTOPSY AMED?  AUTOPSY AMED?  NJURY OCCI	24b.  24b.  couse(s)  signed	Approximintarval E Onset an On

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32. REGISTRAR'S SIGNATURE

							-	20000		
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	1 .840	Marc	2/	DEATH	2. DATE OF DEATH MONTH DA	YE YE	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In yrs.	loat birthrian) E	MOER 1 YEAR	IF IMPER ALTER	7. DATE OF BIRTH	2 7	3 0120 A		
	214-12-1148	1 M 2 1 7 =	3 YRS. MON		HOURS MIN.	(Month, Day, Year)	19 1	BIRTHPLACE (State or Foreign Country) DACYLAWD		
OB		Hom + + Hos		CITY, TOWN	OR LOCATION OF DE	2/	9c. COUNTY	OF DEATH		
ן הַ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		40. 0070 70							
DIRECTOR	Md.		Ba 1 t	0.	THON		10d. INSIDE CITY LIMITS?  1 YES 2 NO			
FUNERAL	2241 Ormes Ave.		10	VI. ZIP CODE 2121	7	10g. CITIZEN	OF WHAT COUNTRY?			
13		. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DE	3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE -					
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 X	∏NO	If yes, sp	s 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted)	DECEDENT'S USUA (Give kind of work of life. Do NOT use reti	AL OCCUPATI done during m	ION ost of working	16b. KIND OF BUS	SINESS/INDUST	TRY		
1	Community (0-12)	College (1-4 or 5+)	Cus							
S S	17. FATHER'S NAME (First, Middle, Last)		Ous	croure		ME (First, Middle, Malden	Sumamal			
	James R. Lewis					Wilson Lew				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADD	RESS (Street		Poute Number, City or Town		(a)		
2	Maude Judy Smith							,		
190	20e. METHOD OF DISPOSITION  1   Burlai 2   Cremation 3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelon, crematory or other place)									
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSELY  22. NAME AND ADDRESS OF FACILITY									
	- Babas 1	Brown		1206 V		William	€. Br	own Comm. FH		
2	23. BART I. Enter the disesses, of com	plications that caused the	death. Do not e	nter the me	ode of dying, suc	h as cardiac or respi	ratory arrest	Approximate		
	shock, or heart fellure. Liet IMMEDIATE CAUSE (Finel	only one cause on each ii	ne.	^	4	1		interval Between Onset and Deat		
	disease or condition resulting in death)	(arcin	1)000	all	Costo	no liv	e/m	and 6 m		
	a	DUE TO (OR AS A CONS	SEQUENCE OF):		2		10 4	C12 0 W.		
Z			(SB	D513	< )					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DIE TO OR AS A CONS	SEQUENCE OF):		4	1 1.0				
<u> </u>	CAUSE (Disease or Injury	( HO	MYH	Ple	Dec	chiti	)			
TF	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):	U						
E E	d									
	PART ii. Other eignificant conditions of	ontributing to death but no	t resulting in th	e underlyin	g ceuse given in	Part i. 24s. WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS		
N N	24	udronen	1 P		g could give in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICA		3410016/1	410 > 1-	>		1 🗆 YES 2	₽ NO	OF DEATH?		
								1 YES 2 NO		
3   ₹	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (Ch	ock ank and				
S		OSPITAL:		HER:						
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF		JURY AT	28d. DESCRIBE HOW IP	LIURY OCCUR			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	W	ORK? YES 2 NO					
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — AI	home, farm, street			281. LOCATION (Street a	nd Number or F	lural Boute Number		
	4 Homicide 6 Could not be	building, atc. (Specify)				City or Town, State)				
4	29a. CERTIFIER	N. To this based on the same of the		A 500 - 5.45				<del></del>		
COMPLETED		N: To the best of my knowledge, On the basis of examination and/o						ruse(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Wallen			29c. LICENSE NUM	18ER 563	29d. DATE SH	GNED (Month, Day, Year)		
일	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Pfint,	)1 (	100	1 111	/	17111		
	HMATUH N	MAEEME		hin	Stral	O,MD-	1191	7		

Mary Ja

BALTIMORE, MARYLAND 21215-0020	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Figure may be retained by the hospital or attending physician.  18. After this certificate has been signed by the attending physician and completely filled in by the function of remove.  19. After this certificate has been signed by the attending physician and completely filled in by the function of remove.  19. After this certificate has been signed by the attending physician and completely filled in by the function of remove.  19. After this certificate has been signed by the attending physician.  20. After this certificate has been signed by the attending physician.  21. After this certificate has been signed by the attending physician.  22. After this certificate has been signed by the attending physician.  23. After this certificate has been signed by the attending physician.  24. After this certificate has been signed by the attending physician.  25. After this certificate has been signed by the attending physician and completely filled in by the attending physician.  26. After this certificate has been signed by the attending physician and completely filled in by the attending physician and completely filled in by the attending physician	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HE MOSPITAL DRIATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Figur 6 may be retained by the horse the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached with 72 hours. Let death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  OFFICIAL II Item 29 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
(	A PAR	

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE OF	DEATH		REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF	DEATH			3. TIME OF OEATH
9	LAURA A. SIMMS						монтн 7—1	2-93		YEAR	8:20 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		S. BIRTHE	PLACE (State or Foreign
	213-32-9819	1 🗆 M 2 🖳 F	81	YRS.	MONTHS DAYS	HOURS MIN.	3_1_	ny. Year) 1912		Country	MD
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN	OR LOCATION OF D		1912	9c. COM	NTY OF DE	
E C	7170 MONTGOMER	V POAD			FILE	TDOE					
5	RESIDENCE OF DECEDENT	1 KOAD			L ELKR	IDGE					
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	MD				ELKRID	GE					1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITI	ZEN OF WI	HAT COUNTRY?
單	7170 MONTGOMERY	Y ROAD				21227			U.	S.A.	
5	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI			CENDENT OF HISPAI				14. RACE	- American Indian,
BY	1 Never Married 2 Married 3 V Widowed 4 Divorced		AR OR DATES X	Ю		pecify Cuban, Maxica 3 2 NO Specif		n, alc.)		Specify	White, etc.
	A -	1								AFR.	AMERICAN
国	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gr	ive kind of	Work done during m	ON ost of working	16b. KII	ND OF BUS	SINESS/INC	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+	·) ///e.	DUSEV	se retired.)				OMEGA		
COMPLETED			n(	JUSEV	VILE				OMESI	TC	
	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First, Midd	le, Maiden	Surname)		
BE	CORRIA HAWKINS  19a. INFORMANT'S NAME (Type/Print)						HA HAW				
2	EVELYN WATTS		19b			and Number or Rural	Route Number,	City or Town	n. State, Zip	Code)	
	20a. METHOD OF DISPOSITION				CATOR A						
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crer	metory or o	OF DISPOSITION (N ther plece)		OATE	20c. LO	CATION —	City or Tow	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	TENSEE -	ARBUT	CUS N	IEM. PAR	K 7-	17-93	ARI	BUTUS	MD_	
	-90 // n	20				P BROTHEI		CDAT	HOME	TD 4	
_	Olivat In	· Velo	-		1300	FITAL DI	ACE D	AT TO	MD	2121	
	23. PART i. Enter the diseases, or ahock, or heart feilure.	complications that	caused the de	eth. Do i	not enter the mo	ode of dying, suc	h as cardiac	or respi	ratory err	est,	Approximate
	IMMEDIATE CAUSE (Final	List only one cau	se on eech line.								Interval Between Onset and Death
- 1	disease or condition resulting in death)	. Ather	msdem	tic 1	Candia	vascula	VD	isea	Se		YRS
	Tooling III Godin	DUE TO	OR AS A CONSEC	UENCE O	F):			, , ,			1
Z	Sequentially list conditions.	b									
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):						
5	CAUSE (Disease or injury	C	(00.10.10.10.10.10.10.10.10.10.10.10.10.1								
Ē	that initiated events resulting in desth) LAST	00E 10 (	(OR AS A CONSEO	WENCE O	r):						
8 1		d									-
	PART II. Other significent condition						Part i. 24	. WAS AN			VERE AUTOPSY FINDINGS
DICAL	cardiac arrhy	thing (	nefused	eva	alvatin			PERFOR	1		WAILABLE PRIOR TO COMPLETION OF CAUSE
ш	,					/	_   ''	163 2	AL NO		OF DEATH?
5							_				1 153 2 G AU
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)				
Si	EXAMINER?	HOSPITAL:	ER/Outpetlant 3	DOA	OTHER:	ne 5 🗗 Rasidence	8 Other /Sc	activ)			
ξ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 28c. IN.	URY AT	28d. DESCRI		UURY OCC	TORED	
BY	1-Netural 5 Pending 2 Accident Investigation	(Month, De	iy, rear)	INJ		YES 2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF	F INJURY — At hon	ne, farm, s	street, factory, offic	•	281. LOCATIO	N (Street a	nd Number	or Rural Ro	ute Number,
	4 Homicide determined	John Miles	ntc. (Specify)				City or To	wn, State)	_		
21	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the beat of	my knowledge, das	th occurr	ed at the time date	and place, and due	to the causeds	) and man		-d :	
COMPLETED											and manner as stated.
	290, SIGNATURE AND TITLE OF CERTIFIER			A 4 102				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
BE	A-To	Je. MD	reputy	VY1=	- A /	29c. LICENSE NUM	(77	- 1	ZVG. DATE	SIGNED (	Wonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO		E OF OEATH (ITEM	27) /7000	Print)	201	( / >			1114	193
	DATINICE A. TOY					WAY ELL	icato	TTY 1	10		
, 1	31. DATE FILEO (Month, Day, Year)			. 500	- CONE	WA, EU	700110	, /0	いノ		
0	JUL 1 6 1993 8	12 PENSTRAF	V-Noibra								

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled within 72 hours after death with the State Debt, of Health and Mental Hyolene orior to burial, cremation, or removal	IMPORTANT if Item 28 is marked or Item 23 shows any Injury or other traumatic event, the modified events he modified of once.
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31. DATE FILED (Vontin Despiter)

32 AEGISTRADIS SIGNATURE

_	,	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIE		20000
		1. DECEDENT'S NAME (First, Middle, Last)  VIRGINIA C. TA  4. SOCIAL SECURITY NUMBER					2. DATE OF DEATH MONTH 7 11	<b>1</b> 993	
		214-40-5456	1 1 M 2 X F	(In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	10 14 -	-1903	BIRTHPLACE (State or Foreign Maryland
90		9a. FACILITY NAME (If not institution, give so Fairmont-Church RESIDENCE OF DECESSION		Home	Baltin	OR LOCATION OF D	EATH 7	9c. COUNTY	Y OF DEATH
DIBECTOR		10a. STATE 10b. COUNTY			timor	1	, V		10d. INSIDE CITY V JMITS? 1 XYES 2 NO
FIINEBAI		29 N. East A	ve.		1	21224	^,	U.S.	N OF WHAT COUNTRY? $\widehat{A}$ .
2	5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	II yes, s	CENDENT OF HISPA pecify Ruben, Maxic S 2 X NO Speci	NIC ORIGIN? (Specify ) an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: / hite
COMPLETED		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 10 yrs		16a. DECEDENT'S (Give kind of v Me. Do NOT us	USUAL OCCUPAT vork done during m e retired.)	ION lost of working		USINESS/INDUS	y Schools
ē Lu	ı	17. FATHER'S NAME (First, Middle, Last) Fred Reisinger		000 0		1	AME (First, Middle, Maide Bueberl		y Schools
TOB		19a. INFORMANT'S NAME (Type/Print) Frank J. Talbo	tt,Jr. So				Acute Number, City or R		
		20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State Cerr	o. PLACE AND DATE of netery, crematory or of a r kwood	OF DISPOSITION (A	lame of		OCATION — CIT	y or Town, Stata
cyanillica	1	21. SIGNATURE OF FUNERAL SERVICE LIC	Edison		. 22. NAME A	ND ADDRESS OF FA	ACILITY		ome,Inc. to.,Md.21224
		23. PART i. Enter the diseases, prosphock, pr heart feiture. I iMMEDIATE CAUSE (Final disease procondition resulting in death)	complications that caused List only one cause on a CR R &	tha deeth. Do n	MASC	ode of dying, suc	ch as cardiac or rea	piratory arrea	t, Approximata interval Between Onset and Daeth
ATION		Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):				
CERTIFICATION		CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):				
MEDICAL		PART II. Other significent condition	s contributing to deeth b	out not resulting i	n the underlyin	ng cause given in		DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN		25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2a, P	LACE OF DEATH (CI	neck only one)		
HYSIC		1 YES 2 NO	HOSPITAL: 1 Simpetiant 2 ER/Outp 28a. DATE OF INJURY	petient 3 DOA		ne 5 🗆 Rasidence	8 Other (Specify)	IN HIEV OCCUR	350
ВУР	- 10	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 🗆	YES 2 NO			
ETED		3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, stc. (Spec	— At home, farm, a	treet, tactory, offic	C.	281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
COMPLET			CIAN: To the best of my knowl R: On the best of examination						ause(a) and manner as stated.
O BE C		29b. SIGNATURE AND TITLE OF CERTIFIER	zemí r	~0		29c. LICENSE NU	322	29d. DATE \$	IGNED (Month, Day, Year)
15		30. NAME AND ADDRESS OF PERSON WHE	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				

	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as t	
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PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CENTIFIER

Ali Sanai, MV 31. DATE FILED (Month, Dey, Year) JUL 1 6 1993

ŀ	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ERTIF			DEAT		REG. NO			3. TIME OF DEATH
L		Julia So	phia SO	PEL					July 1	3, 19	993"	8:05 A
	4. SOCIAL SECURITY NUMBER	4 C M o ST E				IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH 8. BI (Month, Day, Year) Co			LACE (State or Foreign
L	212-07-1014	1 M 2 X F	80	YAS.	wow///is	DATE	HOURS		April 28.	191		ryland
- 10	9a. FACILITY NAME (If not institution, give s				9b. CITY	Y, TOWN O	R LOCATION	OF DEA	тн		NTY OF DE	
-	Franklin Square I	<u>lospital</u>			Ros	ssvi	lle			ва.	ltimo	re
	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	Maryland Balti	more		Ess	ex							YES 2 NO
	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF WI	IAT COUNTRY?
	703 Mace Avenue						21221			U.	S. A	
- 14	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 W	RMED NO		If yes, spe	cify Cuban,	Mexican,	ORIGIN7 (Specify Yourto Rican, etc.)	es or No—		- American Indian, White, atc.
- 44	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 NO	Specify:			Specify	White
r	15. DECEDENT'S EDUC (Specify only highest grade			ECEDENT'S					16b. KIND OF B	USINESS/INI	DUSTRY	white
	Elementary/Secondary (0-12)	College (1-4 or 5 s		e. Do NOT us	e retired.)	ourny mos	st or working					
H	8		Hou	se Wi	fe				Home			
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAM	E (First, Middle, Maide	n Surname)		
H	Frank Szpara  19a. INFORMANT'S NAME (Type/Print)			Ob. MAII INC	ADDRES	C (Charter	Rosy		Zubroi ute Number, City or To			
ı	1	. n	,									
	Stephen J. Sopel 2113 Redthorn Road Middle River, Maryland 21220  20e, METHOD OF DISPOSITION DATE 20c. LOCATION — City or Town, State											
	Surfal 2   Cremetion 3   Removal from State   Commetter   Commet											
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1000	//	22.	NAME AN	D ADDRESS	OF FACI	LITY		ne.	SIMALISMO
	Makan	11.	501	/. (					neral Hon		36	
1	23. PART I. Entar the diseasea, pro	omplications the	caused the d	eath. Dp n	Dt entar	the mo	da of dvine	o, auch	as cerdiac or resi	olratory ar	Mary.	Land 21221
ш	ahock, or heart fellure.	Liat Dnly Dne cau	se on each lin	e.				,		,	,	Interval Between
Ш	disease or condition resulting in death)	Ventri	cular A	rrhvt	hmia	a						
	resulting in death)		(OR AS A CONSE									
	Sequentielly list conditions,	U	dial In									
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	EQUENCE OF	F):							
Ш	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	OUFNCE OF	n·							-
	resulting in death) LAST		,		,							į
	d											
	PART II. Other algnificant condition	a contributing to	death but not	resulting i	in tha ur	nderlying	ceuse giv	ren in Pa	PERFO	RMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
									1 _ YES	2 X NO		COMPLETION OF CAUSE OF DEATH?
									_			YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL											
1.	EXAMINER?  1 YES 2 X NO	HQSPITAL:	EDIO		OTHE	R:	ACE OF DEA					
	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT		Other (Specify)  28d. DESCRIBE HOW	INJURY OC	CURED	
H	1 Natural 5 Pending	(Month, D	sy, Year)	INJ	URY M	WO	RK? ES 2 🗌					
	4.											
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE O	F INJURY At h	ome, farm, s	street, fac	tory, office		- 2	28F. LOCATION (Street City or Town, State		r or Rural Ro	ute Number,

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

The state of the state of the state of

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las BRIAN		THORNLE	Y			2. DATE MONT	OF DEATH D	190	YEAR	3. TIME OF DEATH  1:20 A		
4. SOCIAL SECURITY NUMBER N/A	or the first to		birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE (Mont	7. DATE OF BIRTH (Month, Day, Year) 10-29-64		8. BIRTHPLACE (Sta Country)			
98. FACILITY NAME (If not institution, give street and number) Francis Scott Key Med. Ctr.  99b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE  9c. COUNTY OF DEAT												
106. STATE 106. COUNTY Maryland				v, town on Lo Ltimor				10d. INSIDE CITY LIMITS? 1 PYES 2 NO				
100. STREET AND NUMBER 408 St. Dunston Rd.					107, ZIP CODE 21212	10g. CITIZEN OF				VHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	Never Married 2 Married FORCES? 1 YES 2			If yes,	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Speci	an, Puerto						
(Specify only highest grade completed) (G				USUAL OCCUP, work done during se retired.)	ATION most of working	161	Cons			n		
17. FATHER'S NAME (First, Middle, Lest) Benjamin T ho	17. FATHER'S NAME (First, Middle, Last) Benjamin T hornley  18. MOTHER'S NAME (First, Middle, Meiden Surname) Joan Thibou											
Joan Thornley		19b.	MAILING 3 2 5	Morri	et and Number or Rural SON AVE	Route Num Br	ober, City or Tow	N . Y .	Code)			
20s. METHOD OF DISPOSITION  Buriel 2 Cremation 3 Removal from State  20b. PLACE commercy or Children of Commercy or Children or Children or Children or Children or Children or Children or Children or Children or Children			ND DATE O	OF DISPOSITION		DAT		OCATION — City or Town, State  V N V				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A Douglass Funeral Service    Caul Haw   C.   Noulass   Douglass Funeral Service												
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition	r complications the List only one ca	Dougle nat caused the dea nuse on each line.	CSS.	22. NAME DOU 170	AND ADDRESS OF FUNCTION OF A MCCul.	iner Loh	al Se St.		e			
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final	a. MULT DUE TO  DUE TO  C.	Dougle nat caused the dea	UENCE OF	22. NAME POU 70 not enter the 3 WO U	AND ADDRESS OF FUNCTION OF A MCCul.	iner Loh	al Se St.		e	Interval Between		
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BALTIMORE MARYLAND 21215-0020
fter death.

The received by the hospital or attending physician.

The funeral many pages 5, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral orders are 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

ASP	items	10e & 18	3; film	g-701	1; 7-	-19-	93;	dr		0.2	21	0663	
1 - STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAR	TMENT	OF H	DEAT	AND I	MENTAL HYGIEN REG. NO.	83	6		
1. DECEDENT'S NAME (Firs	st, Middle, Lest)								2. DATE OF DEATH			3. TIME OF DE	ATH
EVELYN		Μ.		T	'AYL	OR			07 14 M	199	93 SEAR	8:05	Ам
4. SOCIAL SECURITY NUM	BER	6. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER	-	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Dev. Year)		8. BIRTI	IPLACE (State or	Foreign
212 48 15	89	1 🗆 M 2 🖳 F	44	YRS.	MONTHS	DAYS	HOURS	MIN.	9/9/48		Mo		
9a. FACILITY NAME (If not	institution, give s	street and number)			9b. CITY,	TOWN (	OR LOCATI	ON OF DE		9c. COL	INTY OF D		
813 N. GI	LMORE	ST.			BA	LTI	MORE	Ξ					
RESIDENCE OF DE													
Md.	10b. COUNT	٧		10c. CITY	Y, TOWN O		tîm.	ore				10d. INSIDE CI LIMITS? XYES 2 [	
100. STREET AND NUMBER 814 N. G.		N. Gilmon	e St.			101	21	€ 217		10g. CI1		WHAT COUNTRY	
11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 Div	-	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO NO	li li	f yes, sp			NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) y:	or No-	14. RACI Blac Spec A I 1	E — American In k, White, atc. lify: CO Ame:	<sub>dien,</sub> rica
	CEDENT'S EDU			ECEDENT'S	work done o			na	16b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary	(0-12)	College (1-4 or 5	- 0	le. Do NOT us	ne retired.)								
17. FATHER'S NAME (First,							16. MOT	HER'S NA	ME Mary Su	e Gụ	nthe	r	
Robert Le	ee Tay	ylor						-1	Mary C. C	unt	her		
19a. INFORMANT'S NAME	(Type/Print)			9b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rumi I	Route Number, City or Tow	n, State, Zi	ip Code)		
Joyce Ha	all			3806	6 Ge	lst	on :	Dr.	Balto	.,	Md.	21229	
20a METHOD OF DISPOSI 1 Burial 2 Cremat 4 Donation 5 Other	ion 3 🗆 Rem	noval from State	20b. PLACI cemetery.	EAND DATE OF OR OR OR OR OR OR OR OR OR OR OR OR OR	of DISPOSI	tar	me of		7/19 Ba		City or To		
21. SIGNATURE OF FUNER		a. M			22	ame al	S A		orton & S	ons			
				_					ns St., B			1d. 21	217
23. PART Enter the shock, pr	disesses, or heart fallure.	complications the List only one cau	t coused the c	death. Do n	not enter	tha mo	da of dy	ing, suc	h ss cardiac or respi	ratory si	rrest,	Approxi	mata Between

disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

IMMEDIATE CAUSE (Finel

Interval Between Onset and Death CHRONC co to Lum DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

				1 DYES 2 NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)	
EXAMINER?  1 XYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 X Residence	8 Other (Specify)	
27. MANNER OF DEATN  1 Natural 8 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	RED
3 Suicide S Could not be detarmined	29e, PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, fac	ctory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
29a. CERTIFIER				-	

2 MEDICAL EXAMINER: On the

96. SHAPTURE AND TITLE OF CERTIFIER  WAYNE THE YOUR	O.C.M.E	29d. DATE SIGNED (Month, Day, Year)  ▶ 07-14-1993
MAME AND APPOPER OF PERSON WHO COMPLETED CAUSE OF DEATH STEM OF CO.	(mil	

111 Penn Street, Baltimore, Maryland 2120 HISHADWAD COR57

BALTIMORE, MARYLAND 21215-0020

BY FUNERAL DIRECTOR

BE COMPLETED

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician. TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO

24e. WAS AN AUTOPSY PERFORMED?



3 should

Pages 1, 2,

Dermit.

MARYLAND 212

Page 6 may be retained by the

urs after death.

executed within

2

page 5 should

funeral director,

and completely filled in by the purial, cremation, or removal.

or nord

attending physician ental Hygiene prior to

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3 6 requires that

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this certificate h

death

FUNERAL within 72 h

Margarita A

31. DATE FILED (Month, Day, Year) 6 1993

Korell

MD

32. REGISTRAR'S SIGNATURE

myden finder

medicai

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 20664 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PAR May Brenda 07 1993 Van Dusen 1230 4. SOCIAL SECURITY NUMBER S. SFY 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. SIRTHPLACE (State or Foreign (Morth, Day, Year) 6-29-1945 1 - M 2 -DAYE Maryland 48 YRS. 216-44-1290 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 100 Charles Street Apt. -G Westminster Carroll 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland Carroll Westminster FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 21157 100 Charles Street Apt. G 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 4NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerio Ricen, stc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: White IF YES, DIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 8+) Homemaker Housewife 10 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Surname) Anna Belle Rexroth Harry L. Rexroth BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3016 Tipton Way, Abingdon, MD. 21009 Kenneth L. Van Dusen 2 20 METNOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) 7-16-93 Providence Church Cem. Gamber, MD. examiner 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sharth Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills, MD. 2111 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the state disease or condition . CARDIAC ARRHYTHMIA resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL amy 1 YES 2 NO 1 TES 2 THO PHYSICIAN: 23 26. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 XYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 8 b 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED marked, 1 XX Natural 1 YES 2 NO BY DIRECTOR: After thours after death item 28 is mari 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 5 Could not be COMPLETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITE
TO THE FUNERA
De filed within 72
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111 Penn Street, Baltimore,

BALTIMORE, DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First Milliane) ast) 2. DATE OF DEATH 3. TIME OF DEATH 1993 1 1 07 Freddie 9:34 Williams P. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Fornic 1 M 2 F should Sa. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH IRECTOR 313 N Carey Street Baltimore City Pages 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 100. STREET AND NUMBER ā more 1 YES 2 NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTEY? 13 121 burial-transit the hospital or attending physician. 12. WIS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. ALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced page 5 should be detached for use as the 16s. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) COMPLET ndary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle notified at Page 6 may be retained by BE FORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Numb 2 111 pe 204. METHOD OF DISPOSITION irial 2 Cremation 3 20b. PLACE AND DATE OF DIS must funeral director, 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 05 the or removal medical 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. filled in by Approximate interval Betwee IMMEDIATE CAUSE (Final Onset and Death and completely fille burial, cremation, the disease or condition resulting in death) AKTERIOSCUEROTIC CARPLOVASCULAR event. DUE TO (OR AS A CONSEQUENCE OF or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Disease or Injury the attending phy d Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to dash but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY signed by the Health and P shows any 1 YES 2 OF DEATH? 1 YES 2 NO t. of h PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate to the State OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL: TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA marked, or 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED this co 1 Natural 5 Pending 1 YES 2 NO After t BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, larm, street, lactory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 8 Could not be determined COMPLETED DIRECTOR: J TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS be filed within 72 hours at IMPORTANT: It Item 2 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and plecs, and due to the cause(s) and manner as stated. nination and/or investigation, in my opinion, death occured at the time, data and piace, and due to the cause(s) and manner as stated. 256. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 2 07/11/1993 26. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Princ) MARIO GOLLE JR MO 111 Penn Street, Baltimore, Maryland 21201



- STATE REGISTRAR							DEATI		NTAL HYGIEN REG. NO.	_		
1. DECEDENT'S NAME (First, Middle	e, Lasi)								DATE OF DEATH			3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER	1		. AGE (In yrs. la		IF UNDER	DAYS	IF UNDER 24	MRS. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
98. FACILITY NAME (If not institution	1	□ M 2 (XF	80	YRS.				F	eb. 06 1		_	Virginia
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15. DECEDENT (Specify only higher			(0	ECEDENT'S Give kind of v	vork done	during mo.	N sl of working		166. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	C	College (1-4 or 5+)		n Do NOT us					Medica	1		
17. FATHER'S NAME (First, Middle, L									(First, Middle, Malden	Surname)		
Layfette Pie:			1.						Mabrey			
Mrs. Wilda Bio		d							to Number, City or Town			21286
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21. SIGNATURE OF FUNERAL SERV	HCE LICENS	SEE	Duran	icy ve	22.	NAME AN	D ADDRESS	OF FACILI				FID 21093
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

mark a second

3760, BALTIMORE, MARYLAND 21215-0020	ated within 24 hours after death. Page 6 may be retained by the hospital or attending p	completely filled in by the funeral director, page 5 should be detached for use as the t ial, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO			
- 1	1. DECEDENT'S NAME (First, Middle, Les	nt)						E OF DEATH			3. TIME OF DEATH
	BERNARD	H			WHITE,	TR	MON () 7	-	4	93	11:24 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS	7 DAT	F OF BIRTH		6. BIRTH	PLACE (State or Foreign
	235-01-5518	1√12 M 2 □ F	92	YRS.	MONTHS DAYS	HOURS MIN.	oct	th, Day, Year)	1900	Wes	t Virginia
-	9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH
012	NORTH ARUNDEL	HOSPITAL A	SSOCIAT	ON	GLE	BURNIE				A.A.	COUNTY
DIRECTOR		Arundel			len Bur						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	8082 Green Bud	Lane Apt	. 11		.1	2106	51			S.A	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 1 Merried 3 Wildowed 4 Divorced		TEVER IN U.S. ARM YES 2 NA AR OR DATES	IED O	II yes, s	CENDENT OF HISP pecify Cuben, Mex S 2 NO Spe	Ican, Puerto		or No—	14. RACE Black Spech	- American Indian, White, stc.
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₹ I	17. FATHER'S NAME (First, Middle, Last)	2 yrs.	Ch	ief	Clerk					ower	& Electric
	Bernard H. Whit	e Sr				18. MOTHER'S		Middle, Maiden Slaugh			
BE	19e. INFORMANT'S NAME (Type/Print)	.6 51.	195	MAILING	ADDRESS /Street	end Number or Rur				Carlal	
유	Sara M. White		I I								, Md. 21061
	20e. METHOD OF DISPOSITION 1	moval from State			of Disposition (A		1		CATION -		wn, State e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1.1.010	010		ND ADORESS OF	i	1373 0	200110		e, maryrana
	Della Company	VLV.	2		Kirkl	ey-Rudd:	ick F				Md. 21061
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둦	27. MANNER OF DEATH	26e. DATE OF (Month, Da	INJURY	28b. TIM	E OF 26c. IN	JURY AT	_	SCRIBE HOW I	NJURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation		y, 1001)	ING		YES 2 NO					
	3 Suicide 6 Could not b	e 28e. PLACE Of building,	INJURY — At homite. (Specify)	ie, ferm, a	itreet, factory, offi	ce	281. LO	CATION (Street or Town, State)	and Number	or Rural B	oute Number,
COMPLETED		SICIAN: To the best of o									
8		NER: On the basis of ex	- Indication with the last	vestigatio	ii, iii my opinion,	overn occured at I	ne Ilme, dat	e end place, en			
O BE	29b. SIGNATURE AND TILE OF CERTIF	U. S.	M	(u)		29c. LICENSE N	UMBER 40		29d, DATI	1/14	(Morgin, Days, Year)
5		M.D./757	5 RITCHI	27) (\$490) E H]	GHWAY,	SE/GLEN	BURN	IE, MA	RYLAN	D 21	061
50	31. DATE FILEO (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE								

All the World

BALTIMORE, MARYLAND 21215-0020

29b. SIGNATURE AND TITLE OF CERTIFIER

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	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d the State Dept, of Health and Mental Mygiene prior to burfal, cremation, or removal.	ent,
200	comital.	8
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requires that the beath certificate on executed with	rior t	Irau
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ווו זעב שחוצרווא	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending filed within 72 hours after death with the State Dept. of Health and Mertal Hyg.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examin
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should

93 20668 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 116 Melvin L. Wood 07 rs. last birthday) 4 SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. West Virginia 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Howard Columnta DIRECTOR RESIDENCE OF DECEDE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Howard Elkridge 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6117 Hunt Club Road 21227 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 LENO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: ВУ 3 Widowed 4 Divorced MAII white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) 12 Mill worker Bethlehem Steel notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Wood Grace Byrd BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဝ Merle H. Wood 6117 Hunt Club Road. Elkridge, Md. 21227 8 21a. METHOD OF DISPOSITION
Disposition 3 Removal from State
Denation 5 Other (Specify)

21. SIGNATURE OF SIMERAL SERVICE LICENSE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE ary crematory or other place)
Glen Haven Memorial Park 7/16 Glen Burnie, Md. examiner 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes reins 5695 Main Street, Elkridge, Md. 21227 medicei 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Final** ÷ disesse or condition mic dhstructive resulting in death) Item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (QR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Chronice bonelite COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 70 1. Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗌 Residence 6 🗀 Other (Specify) 6 26a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At flome, farm, street, factory, office building. atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, Clarif Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

ACheck only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 205 Little Patuxent 11055 22. RECHETRAR'S SIGNATURE

29c. LICENSE NUMBER

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2

29d. DATE SIGNED (Month, Day, Year)

7-13-9

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BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	hat the death certificate be executed within 24 hou	d by the attending physician and completely filled i
DIVISION OF VITAL RECO	. DR ATTENDING PHYSICIAN: The law requires th	DIRECTOR: After this certificate has been signed

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be med within 72 frouts after death with the State uept, or regaint and weitlid in system prior to burda, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	l
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SOLAL SECURITY NUMBER  2.17—2.04.22  2.17—2.04.22  2.18	1		-			Y	3. TIME OF DEATH
217-22-0423  APT   88 THE SOCIETY NAME OF OR SHALLOW, WE WHAT OF ADDRESS   50 SEPT   5					010	6 93	2 1
Security Mail for on entition, you make of number)  JOSEPH Richey Hospice  Security Riches			Vno.		(Month, Day, Year)	Counti	ry)
BESIDENCE OF DECEDERY  10.6 MINOR CONTY  10.6 MI	Œ						
STREET MO NUMBERS   DOCTOR	12						
See THEST AND NUMBERS  28.21 NOrth Calvert Street  1. Manufal Strings  1. Manufal Stri	1 CE		10c. CITY.	TOWN OR LOCATION			10d INSIDE CITY
## STREET AND INVADED TO THE COLOR TO THE COUNTRY OF THE COUNTRY O	PIB	Maryland	VI				LIMITS?
Security Sec	3AL			101. ZIP CODE		-	WHAT COUNTRY?
Security Sec	NE		N 110 10110				
TREATION WAD ALLERS IN THE STATE OF DESCRIPTION AND ALLERS AND ALL	BY	1 Never Married 2 Merried FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexica	n, Puerto Rican, etc.)	Bleci	k, White, etc. //y:
TREATION WAD ALLERS IN THE STATE OF DESCRIPTION AND ALLERS AND ALL		15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S U	SUAL OCCUPATION rk done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
TREATION WAD ALLERS IN THE STATE OF DESCRIPTION AND ALLERS AND ALL	PLE	Flementery/Secondary (0-12) College (1.4 or 5.1)	-		miscel	laneous	
TREATION WAD ALLERS IN THE STATE OF DESCRIPTION AND ALLERS AND ALL	8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	MF /First Middle Meiden S	Sumama)	
Sequentially list conditions,   any, leading to death, but not resulting in death)   Last Understood or Destrict College (Processing)   College (Processing)	m O	Anthony Wadzinski				ionieme)	
Section of Deposition   Section		The Court of the C					
No.   Burlet     Cremetten	۲		5 Cano	llestick Lane, E	ramingham	Mass. 81	.781-5537
Thomas Joseph Bozek  Thomas Joseph Bozek  22. PART I. Enter the diseasea, or complications that caused tha death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Batterian abook, or heart falture. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  IMMEDI		1A Buriel 2 Cremetion 3 Removal from State			7/13 Tim	ation — City or To nonium, M	wn, State fary land
Thomas Joseph Bozele  23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failura. List only one cause on asch line.  (IMMEDIATE CAUSE (Finel disease or condition) resulting in death)  8. Sequentially list conditions, if any, leading to immediate cause, Enter UNDEPLYING CAUSE (Disease or Injury that initiated women resulting in death)  9. OUE TO (OR AS A CONSEQUENCE OF):  9. OUE TO (OR AS A CONSEQUENCE OF):  1. OUE TO (OR AS A CONSEQUENCE OF):  1. OUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. OTHER SIGNIFIcant Conditions contributing to death but not resulting in the underlying cause given in Part I.  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1. OTHER SIGNIFICANT CONSEQUENCE OF):  27. PLACE OF DEATH (Check only port)  28. PLACE OF DEATH (Check only port)  29. PLACE OF DEATH (Check only port)  20. Accident Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Contributing Significant Conditions Conditions Contributing Significant Conditions Conditions Contributing Significant Conditions Con							
Interval Battween on condition resulting in death)   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   Out to (or as a consequence of)		Thomas Joseph Bozek				-	21212
Sequentially list conditions, if any, leading to immediate contributing to final property of the final propert		anock, or heart fallura. List only one causa on a	ach Ilna.				Interval Batween
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Hype thy performed:  1		resulting in death)  e. Segueration  DUE TO (OR AS A	CONSEQUENCE OF):	ell ca of	Lung	J	1 most h
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Hype thy performed:  1	NOL		CONSEQUENCE OF):				
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Hype thy performed:  1	-ICA	Cause. Enter UNDERLYING CAUSE (Disease or Injury	COMPENIENCE OF				
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Hype thy performed:  1	RTI	that mitiated events	CONSEQUENCE OF):				İ
AMAILABLE PRIOR TO COMPETION OF CAUSE OF DEATH?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  1 YES 2 NO  26. DLACE OF OEATH (Check only one)  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 CACCIdent 2 Sould not be determined  28. PLACE OF OEATH (Check only one)  28. INJURY AT WORK? 1 YES 2 NO  28. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28d. DESCRIBE HOW INJURY OCCURED  28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCRIBE HOW INJ	빙	d.					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?    1	AL	PART ii. Other significant conditions contributing to deeth b	ut not resulting in	the underlying ceuse given in	Part i. 24a. WAS AN A PERFORM		AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	I III I	- HYPOTAY FOIST			1   YES 2	ΧNO	OF DEATH?
Action   Suicide   See Place of Injury   At home, term, street, factory, office   28f. Location (Street and Number or Rural Route Number, City or Town, State)					—		1 TYES 2 NO
Action   Suicide   See Place of Injury   At home, term, street, factory, office   28f. Location (Street and Number or Rural Route Number, City or Town, State)	M			28. PLACE OF OEATH (Che	ock only one)		
Action   Suicide   See Place of Injury   At home, term, street, factory, office   28f. Location (Street and Number or Rural Route Number, City or Town, State)	Si	HOSPITAL:			Corper (Specific)	Jac nie	· Ø.
2   Accident   Investigation   3   Suicide   8   Could not be determined   28e. PLACE OF INJURY — At home, term, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner se stated.   29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   7/6/93   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILEO (Month, Day, Year)   32. REGISTRAR'S SIGNATURE	РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month. Day. Year)	28b. TIME	OF 28c. INJURY AT WORK?			
4 Homicide determined building, etc. (Specify)  299. CERTIFIER (Check only one)  299. CERTIFIER (Check only one)  290. Signature and Title OF CERTIFIER  290. Signature and Title OF CERTIFIER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		2 Accident Investigation	- At home term etc	T TES 2 NO	004 LOGATION (O		
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  7/6/93  297. DATE FILEO (Month, Day, Year)  30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)  H G + 0 1 d C Standiford  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	TED	building etc. (Spec	city)	set, factory, office	City or Town, State)	nd Number or Hurai F	toute Number,
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  7/6/93  297. DATE FILEO (Month, Day, Year)  30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)  H G + 0 1 d C Standiford  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	OMPLI	(Check only CERTIFYING PHYSICIAN: To the best of my know					s) end manner ee stated.
Harold C Standiford DP  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	BE	296. SIGNATURE AND TITLE OF CERTIFIER  A C HEAT	np	29c. LICENSE NUM	BER 302	29d. DATE SIGNED	(Month, Day, Year)
31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P		200	116	12
		Harold C St	andit	ford ni	0		
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	FOR STATE OF	1733				93	20670				
	FOR STATE OF REGISTRAR	MARYLAND / DEPA	RTMENT OF H	EALTH AND N		E					
9	1. DECEDENT'S NAME (First, Middle, Last)	Marie D. W		DEATH	2. DATE OF DEATH		7EAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 1. SEX 1 1 1 M 2 M 2	AGE (In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-29-1907	3					
SR	9a. FACILITY NAME (If not institution, give atreet and number)  St. Joseph's Hospital  RESIDENCE OF DECEDENT		9b. CITY, TOWN O	R LOCATION OF DE	ATH	221 38	imore County				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. Cr	TY, TOWN OR LOCAT			Daire	10d. INSIDE CITY				
	Maryland Baltimore C		Towson				LIMITS?  1 TES 2 NO				
FUNERAL	500 Virginia Avenue, Apa		2	ZIP CODE 21286		U.S	N OF WHAT COUNTRY?				
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES?  IF YES, GIVE	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	II yes, spe	ENDENT OF HISPANI solfy Cuban, Mexican 2 NO Specify:			I. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7th Grade	(Give kind of			166. KIND OF BUS	SINESS/INDUS	тяу				
S S	17. FATHER'S NAME (First, Middle, Last)	230410 13	3102	18. MOTHER'S NAM	ME (First, Middle, Meiden	Sumame)					
BE	Hugh Murphy  19a, INFORMANT'S NAME (Typo/Print)	105 MAII IM	A ADDRESS (Small or	Mary Fo	rsythe oute Number, City or Town	0.00					
2	Dolores Ford	1					land 21286				
	20e. METHOD OF DISPOSITION 1 Surfal 2   Cremation 3   Removal from State 4   Denetion 5   Other (Specify)   Denetion 5   Other (Specify)   Denetion 5   Other (Specify)   Denetion 5   Dene										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22	John C	Miller	Inc.	mre.	Maryland 21206				
	23. PART I. Enter the diseases, or complications that cased the death. Do not enter the mode of dying, such as cardiec or respiratory arreat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  House To Consequence OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to SIR Right middle	1 1 1	in the underlying	cause given in F	Part I. 24s. WAS AN PERFOR 1 YES 2	MED3	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Chec	ck only one)						
HYSI		ER/Outpetient 3 DOA FINJURY 28b. Till		5 Residence 8							
BY PI			JURY WOF 1 Y	RK?	28d. DEŞCRIBE HOW IN	JURY OCCUP	RED				
	3 Suicide 28a. PLACE	OF INJURY — At home, farm, g, etc. (Specify)	strest, factory, office	Rural Route Number,							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of										
BE	296 STURM WHE AND TITLE OF CERTIFIER MD		29c. UCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
2	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM 27) CYPO V. CHARLOS S.	E/OOF R	altimore	mo ala	106					
2	31. DATE FILED (Moppe, Pay 1943) 32 DEGIST	AR'S SIGNATURE									

	1. DECEDENT'S NAME (First, Middle, Las	st)					2. DATE OF DEATH	AV ISS	YEAR	. TIME OF DEATH	
	Sister Martha	Yardley					Dec. //10		202	11:55	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 Y		1	7. DATE OF BIRTH (Month, Day, Year)		' 8. BIRTHP	LACE (State or Fore	
	223-66-9263	1 M 2 D F	90 YRS.	MONTHS	DAYS HOURS	MIN.	12-10-02		Virgi	nia	
	9a. FACILITY NAME (If not institution, give	e street end number)		9b. CITY, T	OWN OR LOCATI	ON OF DEA	ATH		NTY OF DE		
O. I	Villa St. Mich			Emmit	Emmitsburg, MD Frederi						
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUR		10c CIT	Y, TOWN OR	LOCATION					IOd. INSIDE CITY	
DIRECTOR										LIMITS?	
AL D	Maryland Fred	erick	Em	mitsbu	irg, MD			10e CITI		AT COUNTRY?	
RA	333 S. Seton A	ve., Emmitsb	urg, MD		1000	21727	7				
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WA	S DECENDENT (	OF HISPANI	C ORIGIN? (Specify Yes	-		tates - American Indien	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYE		lf y		n, Mexicen	, Puarto Rican, etc.)		Bleck,	White etc.	
ED	15. DECEDENT'S EI (Specify only highest gra		16a. DECEDENT'S	USUAL OCC	UPATION ing most of worki		16b. KIND OF BU	SINESS/INC	USTRY		
<b>E</b>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ing most or world	ng					
MPI	MA in Educ	ation	Tea	cher			Scho	01			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)						NE (First, Middle, Maiden				
BE (	Charles Josep	h Yardley					y Leuba Ya				
0	19e. INFORMANT'S NAME (Type/Print)						oute Number, City or Tow		Code)		
	Sr. Virgina Cot						Emmitsburg				
	20a. METHOD OF DISPOSITION 1	emoval from State	other place)	SITION (Name	of cemetery, crar	matory or	20c. LC	CATION -	City or Tow	n, State	
	4 Donation 5 Other (Specify)	0.500	Emmitsbu					lary1	and		
	21. SIGNATURE OF FUNERAL SERVICE	I I I		22, NA	ME AND ADDRE	SS OF FAC	ILITY				
	Welleam	H. Kette	111	Pe	ters F	riinei	ral Home	Ge	ttvs	hura . P	
Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST											
IL CEF	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO OF DEATH?										
ICAL								Z   NO		OF DEATH?	
										0.00	
MEDI											
MEDI	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF D	DEATH (Che	ck only one)				
SICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:			ck only one)  B  Other (Specify)				
SICIAN: MEDI	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	HOSPITAL: 1 □ Inpetient 2 □ ER/O	Y 26b, Tis	4 Nursin	g Home 5 🗆 R			INJURY OC	CURED		
PHYSICIAN: MEDI	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	HOSPITAL: 1 Inpatient 2 ER/O 28s. DATE OF INJUR (Month, Day, Year	Y 26b, Tis	4 - Nursin	g Home 5 🗆 R	esidence (	B Other (Specify)	INJURY OC	CURED		
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BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not to determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	HOSPITAL:  1 Inputient 2 IER/O  28a. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJUR be be be be be be be be be be be be be b	PY 26b. Tis IN  RY — At home, ferm, poorly)  owledge, death occur  thum and/or investigeti	4 Nursin	g Home 5 R  BC. INJURY AT WORK? 1 YES 2  y, office  e, date and place	NO NO n, end due	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end ma	and Number	ted. Te SIGNED (	end menner as str	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

The state of the s

0020	g physician. e burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PAYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	O THE HOSPITAL OR ATTENDING PAYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the bost O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach e filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PAYSICIAN, The law requires that the death certificate be executed within 24 nours after dea TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exa	
DIVISION OF	TO THE HOSPITAL OR ATTENDING PAYSI TO THE FUNERAL DIRECTOR: After this or be filed within 72 hours after death with I IMPORTANT: If Item 28 is marked,	

	1 - FOR STATE REGISTRAR	STATE OF M			TMENT ICATE					YGIENI EG. NO.	9	3	2067	2.
	1. DECEDENT'S NAME (First, Middle, Last)	Baby Gi	rl A	nders	son				DATE OF E	DEATH DA	Y	YEAR 93	3. TIME OF DEA	А м
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 X F	6. AGE (In yrs. la					m. (	DATE OF B	y, Year)		Country		oreign
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OR	LOCATION (		06-25-93 Maryland TH 9c. COUNTY OF OEATH					
TOR	Southern Maryland		Cli	into	n				Pr	ince	e George	2S		
DIRECTOR	Maryland Pr	rges	100	Y, TOWN OR		N						10d. INSIDE CIT LIMITS?		
	10e, STREET AND NUMBER					_	IP CODE				10g. CITIZ	EN OF W	HAT COUNTRY?	110
FUNERAL	18106 Trueman Po	oint Rd					2060	8			US	A		
BY	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1   IF YES, GIVE W	YES 2	RMED NO	14.7	YES 2	DENT OF HI by Cuben, M NO S	ISPANIC O lexican, Pu Specify:	RIGIN? (Sp erto Rican	pecify Yes i, etc.)	or No—	Black	- American Ind , White, etc. // White	ien,
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)			ECEDENT'S Give kind of v e. Do NOT us	USUAL OCC work done du se retired.)	UPATION ring most o	of working		16b. KIN	D OF BUS	INESS/INDL	JSTRY		
N N	17. FATHER'S NAME (First, Middle, Last)						0. MOTHER		F1 1811					
ш						- 1	Pame			4.71	Ande	rsor	1	
0 8	19e. INFORMANT'S NAME (Type/Print)		19		ADDRESS (		Number or F	Tural Route	Number, C	ity or Town	, Statu, Zip (	Code)		
Ĕ	Pamela Anderson			1810	5 True	eman	Poin	t Rd	, Aq	uasc	o, MD	206	508	
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ACE AND DATE OF DISPOSITION (Name of ry, crematory or other place)					DATE	20c. LOC	CATION — C	ity or To	wn, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
ATION	ahock, or heart failure. List only one ceuse on each line,  interval Between Onset and Death  interval Between Onset and Death  interval Between Onset and Death  a. Immaturity  Due To (OR AS A CONSEQUENCE OF):  b. Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):													
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):													
N: MEDICAL C	PART II. Other aignificant condition	in the unde	erlying c	ause give	n in Part		YES 2	MED?	24b.	WERE AUTOPSY! AMALABLE PRIOF COMPLETION OF OF DEATH?  1 YES 2	CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLAC	E OF DEATH	1 (Check or	nly one)					
İ	1 TES 2 NO	134 Inpatient 2 🗆		_	OTHER:									
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF 1 (Month, Day		28b. TIM INJ	E OF 20	Bc. INJUR WORK			. DEŞCRIE	E HOW IN	JURY OCCI	URED		
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	INJURY — At hi	ome, farm, s	street, factory			_	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE												and menner ee	stated.
BE	296. SUBSTATURE AND TITLE OF CERTIFIER	Lace	lyp			2	D-3 Z	NUMBER 200	3		29d. DATE	SIGNED	(Month, Day, Year)	
OT	30. NAME AND ADDRESS OF PERSON WHI A.JEK MAK A 31. DATE FILED (Month, Day, Year) JUL 14 1993	O COMPLETED CAUSE  122. REGISTRAR  Senior	503 S		Print) PATS	Ro	4D, (	CLin	utoi	v,M	ARY	ILAI	UN 200	235

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, nage 5 should be detached.	the funeral director, page 5 should be detached	the hos
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	liner must be notified at	Once.

DAVID

31. DATE FILED (Month, Day, Year)
JUL 06 '93

5

	FOR STATE REGISTRAR		TATE OF M	IARYLAND /				EALTH DEAT		MENTAI	HYGIEN REG. NO.	E -	33	20673
	1. DECEDENT'S NAME (First, Middle,	(Lasi)	Alfred	Sommer	vill	e An	ders	on		2. DATE MONTH	1/199	3	YEAR	3. TIME OF DEATH 5:00 pm M
	4. SOCIAL SECURITY NUMBER	5. 5		6. AGE (In yrs. las	st birthday)	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign	
4	214-05-3423	128	M 2 □ F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	3/2	th, Dav. Year) (		New	"Jersey
_	9a. FACILITY NAME (If not institution,					9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COUNTY OF DEATH		
6	325 Fort Hoyle			J	oppa					Ha	arfor	rd		
ត្ន	RESIDENCE OF DECEDEN 10a, STATE 10b, C	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland H	Harfor	rd.		Jor	pa								LIMITS?
	10e, STREET AND NUMBER				1 1		101	. ZIP CODE				10g. CIT	ZEN OF W	WHAT COUNTRY?
ER	325 Fort Hoyle	: Road	1					210	85			J	JSA	
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	a   1	WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. A YES 2 AR OR DATES	IMED NO		If yes, sp	ENDENT O	n, Mexica	n, Puerto F	? (Specify Yes tican, etc.)	or No—	Specif	- American Indian, c, Whita, etc. ly:
	15. DECEDENT'S (Specify only highest	'S EDUCATIO	ON oleted)	18a. DE	CEDENT'S	USUAL C	CCUPATIO	ON st of workin	a	16b.	KIND OF BUS	INESS/IND		<u> </u>
	Elementary/Secondary (0-12)		llege (1-4 or 5+	1				st of workin	y		C			
COMPLETED			2	EL	ectr:	ICIA	Ω				Const		cion	
8	17. FATHER'S NAME (First, Middle, Last James Fred And		1								Middle, Malden 1th Wil			
BE	19a. INFORMANT'S NAME (Type/Print)		-	19	b. MAILING	ADDRES	S (Street a				er, City or Town		Codel	•
2	Jacqueline A.		cson								pa, Mo		21085	5
	20a. METHOD OF DISPOSITION 1 LXBurial 2 Cremation 3 C		from State	20b. PLACE	ANDDATE	OE DISPO	SITION /A/	ma of		DATE	200 1.04	CATION	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY													
1	Howard K. McComas III Funeral Home													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,													
	shock, Dr heart fallure. List Dnly one cause Dn eech line.												Approximate Interval Between Onset and Death	
	disease or condition	1 /	0					-/				Onset and Death		
	resulting in death)	a	DUE TO	OR AS A CONSE	OUENCE O	F):	5	Cer	- le	11				<u> </u>
z				conor	u.	40		lu	-	0		_		
5 1	Sequentially list conditione, if any, leading to immediate		DUE TO	OR AS A CONSE	OUENCE O	F)			)			-		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c_	0115.00	OR AS A CONSE										
ERTIFICATION	that initiated events resulting in death) LAST		DOF 10	OH AS A CONSE	DUENCE D	F):								
CE		d												
PHYSICIAN: MEDICAL	PART II. Other eignificent con-	iditione co	ntributing to	deeth but not i	reaulting	In the u	nderlying	g ceuse g	ilven In	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ä														
호	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HO	SPITAL:			OTHE	-	ACE OF D	EATH (Ch	eck only on	9)			
1YS	1 YES 2 NO	10		ER/Outpatient 3		4 🗆 Nu	rsing Hom	● 5 Re	sidence					
ВУ РН	1 Netural 5 Pending 2 Accident investigs		28a. DATE OF (Month, Da		28b. TIN	JURY M		URY AT PRK? YES 2	NO	28d. DES	DESCRIBE HOW INJURY OCCURED			
									loute Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX													) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CEP	RTIFIER						29c. LICE	NSE NUN	BER		29d. DAT	E SIGNED	(Month, Day, Year)
Daw S . Du Day S . Du								▶ r	712153					

カヌママケグ 12153 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1131 BelaiRe 32. REGISTRAR'S SIGNATURE

	1 - STATE STATE CERTIFICATE OF DEATH REG, NO.													
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TH									. TIME OF DEATH					
	CLIFFORD	EARL	E	BURNS						MON 7	тн <b>о</b> л 1	19	YEAR	6:55 A
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDE	A 24 HRS.	7. DAT	E OF BIRTH			ACE (State or Foreign
	217-10-5005		1 M 2 - F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	MAY	II I91	17	MARY	LAND
	9e. FACILITY NAME (If not ins	stitution, give s	street and number)		OR LOCAT	IOH OF DE	EATN		9c. COUNT	Y OF DEA	TN			
8	MEMORIAL HOS	PITAL				CUM	BERL	AND				ΔΤ.Τ	EGAN	<b>J</b>
5	RESIDENCE OF DEC	EDENT 10b. COUNT	×											
DIRECTOR	MARYLAND		LEGANY			UMBF							1	Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		DEGINI			JUPIDE		1. ZIP COD	-			in the second	1	YES 2 NO
FUNERAL	505 REGINA	A AVEN	IUE.				10		502				U.S.	AT COUHTRY?
N	11. MARITAL STATUS		12. WAS DECEDEN	II EYER IN U.S.	ARMED	13.	WAS DEC			IIC ORIG	IN? (Specify Yea			- American Indian.
		1 Never Married 2 Married FORCES? 1 IF YES, GIVE WA					If yes, sp	ecity Gubi	sn, Maxica Specify	n, Puarto	Rican, etc.)	U. NO.	Black, \	White, etc.
BY	3 Widowed 4 Divon			-		1,20	ороспу	,.			Specify.	WHITE		
TED	15. DECE (Specify only	DENT'S EDU highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATH during mo	OH ost of worki	na	.16	b. KIND OF BUS	IHESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-	12)	College (1-4 or 5	+)							MONIMIA	COIDIO	TIED	
¥	12			FEI	DERAL	GOVE	KINMI				YOUTH		LLER	
	17. FATHER'S NAME (First, Mic	ddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
96	PHTTTP 7		RURNS								LLAHAN			
2	ANETTR C. H										ND, MAR			502
	20=_METHOD OF DISPOSITIO			20h BI AC	CE AND DATE				OTIDI	DA	<del>-</del>	CATION - CI		
	1 Buriel 2 Cremation 4 Donation 5 Other	3 🗆 Ram	oval from State		crematory or C				3 19	93				ARYLAND
	21. SIGNATURE OF FUHERAL		CEHSEE										, 11	THE DELLEY
	22. NAME AND ADDRESS OF FACILITY MERRITT-ADAMS FUNERAL HOME+ 404 DECATUR STREET CUMBERLAND, MAR													
	23. PART I. Enter the dis	Leases or o	complications the	t caused the	deeth Do									
	enock, or na	art fallure.	List only one cau	se on aach i	Ina.	ot antal		da or dy	ing, suci	n as ca	raiac or respi	ratory arres	at,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition )											Onset and Daeti		
	resulting in death)  PUE TO (OR AS A CONSCOUENCE OF):													
z	Howarled (a. for),											į		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury													
2														
E	that initiated events resulting in death) LAST													
	a Jovana Jovana													
CAL	PART II. Other algorifican	t condition	a contributing to	death but no	t reaulting	In the ur	ndarlyin	g cause	given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
											PERFOR	/	C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MED											· ·	A3	1	YES 2 HO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only o	one)			
XS	1 TES 2 NO		1 Inpatient 2	ER/Outpatient		4 🗆 Nun	sing Hom		sidence	6 🗆 Oth	er (Specify)			
	27. MAHNER OF DEATH	ending	28a. DATE OF (Month, D	ay, Year)	28b. TIM	URY		RK?		26d. DE	SCRIBE HOW IN	JURY OCCU	RED	
BY	2 Accident In	rveatigation	280 PLACE O	F INJURY — At	<u></u>		1 🔲 '	_	НО					
0		ould not be etarmined	building,	etc. (Specify)	nome, um,	MTSST, INC	iory, orne	•		City	CATION (Street a or Town, State)	nd Number or	Rural Rou	e Number,
COMPLET	29a, CERTIFIER				e.ceemie									
MP	(Check only		CIAH: To the best of											
8			2	xamination and/	or investigation	n, In my o	pinion, d	eath occur	red at the	time, dat	a and placa, and	due to the	cause(s) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE C	OF CERTIFIER	m		MO				EHSE HUM	BER		29d. DATE :	SIGNED (M	onth, Day, Year)
2	30. HAME AHD ADDRESS OF	PERSON WIT	O COMPLETED CALL	SE OF DEATH "	1 11/	Outer		ע 23	3371			- /	14	73
								1140	T 4				ſ	
	QAMAR ZAMAN  31. DATE FILED (MACHUM, Day, and	11. D.,	32, REGISTRA	AVE.	POTTE	102	, Cl	MREE	LAND	), M	D 2150	)2		
	31. DATE FILED (MONTH Day, N	6 199	200	حنت	Buter	a.								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

tal or attending physician.

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BALTIMORE, M

TIMORE, MARYLAND 21215-0020

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5	PHYSIC
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea
5	9
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CAUSE OF DEATH (ITEM 27) (3-por

32. REGISTRAR'S SIGNATURE Silia Savidson-Randall

PETIDENT

4 1993

31. DATE FILED (Month, Day, 96/10/83)

	FOR 1 . STATE	STATE OF MA	ARYLAND / I	DEPARTME	ENT OF H	EALTH AND (	MENTAL HYGIE	-	3	20675	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFICA	TE OF	DEATH	REG. N	).			
- 1	WALTER	A. BA	HITEA	WALTI	ER A.	BAILEY	MONTH OF	5	7 ZAR	3. TIME OF DEATH  11: 25Am	
1	4. SOCIAL SECURITY NUMBER 578-96-0526	1 🔀 M 2 🗆 F	L AGE (In yrs. last i	YRS. IF UR WONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	74	6. BIRTH	SHINGTON, D.	
TOR	9n. FACILITY NAME (If not institution, give str UNIVERSITY OF MAR		COUNTY OF DEATH								
DIRECTOR	PRESIDENCE OF DECEDENT  10a. STATE N/A  10b. COUNTY  WHSHIGHT D. C.	NI / A		10c. CITY, TOW		ON, D.C.				10d. INSIDE CITY LIMITS?  XX YES 2 □ NO	
FUNERAL	24 PHONE DUAD	DE ISLANI	NAVE. N	I.W.		ZIP CODE	20001 Veru D. C.			WHAT COUNTRY? A.	
BY	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT (FORCES? 1 FYES, GIVE WAS		ED	If yes, spe	ENDENT OF HISPAN city Cuben, Mexice 2 X NO Specify	IIC ORIGIN? (Specify Y n, Puerlo Rican, etc.)	e or No—		E — American Indian, k, White, atc. BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 11th GRADE	CATION completed)  College (1-4 or 5+)	(G/w	EDENT'S USUA e kind of work do NOT use retire	one during mos	N t of working	16b. KIND OF B	JSINESS/IN	IDUSTRY		
	17. FATHER'S NAME (First, Middle, Last) GEORGE BAILEY				.,,,,,		ME (First, Middle, Maide McCLAIM	n Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b.			d Number or Rural I	Route Number, City or To				
-	SARAH McCLAIM  200. METNOD OF DISPOSITION		_				. N.WW			001	
	1 Burial 2 Cremention 3 Remo	wel from State	20b. PLACE AN	MEMOD	POSITION (Nat		DATE   20c. L 22/93   LA	OCATION -			
	Burlet 2 Cremetton 3 Removal from State HARMONY Or other places HARMONY MEMORIAL PARK 6/  21. BENATURE OF HOMERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FA							N &	JENK	INS INC.	
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or readirate									Approximata	
1	shock, or heart latture. List only one cause on each line.									Interval Between	
RTIFICATION	cause. Enter UNDERLYING	ading to immediate									
CERTIFIC	CAUSE (Disease or Injury thet Initiated events resulting In death) LAST	DUE TO (O	R AS A CONSEOU	IENCE OF):	Jour		June 2	uq			
PHYSICIAN: MEDICAL (	PART II. Other significent conditions	contributing to de	eeth but not res	sulting in the	underlying	cause given in	Part I. 24a. WAS A PERFO	RMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž.							-			1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØ#PITAL:		OTh	26. PL/	ACE OF DEATH (Che	ack only one)				
14SI	1 YES 2 DANO 27. MANNER OF DEATH	1 Inputient 2 E		DOA 4			8 Other (Specify)				
B	1 Natural 5 Pending 2 Accident Investigation	280. PLACE OF I	28d. DEŞCRIBE NOW INJURY OCCURED								
COMPLETED	4 Homicide determined	building, etc	c. (Specify)				281. LOCATION (Street City or Town, State	)		rono Humbo,	
OMPL	(Check only one)  1 CERTIFYING PNYSIC    2 MEDICAL EXAMINER						to the cause(a) and mo time, data and place, e			) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	26	20	,	)	290 LIGHTSE MUN	BEN	29d. DA	DE SIGNED	1763	
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFF	OF DEATH #TEN		-				-0/1	4///	

NEURO SURGERY

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certires to the continuent of the FUNERAL DIRECTOR. After this certificate has been signed by the attending to the continuent of continuents.		CA	
DIVISION OF VITAL RECORDS, P.O. BOX 687 UD THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifier to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending to the control of the contro	60,	t within	mpletters
DIVISION OF VITAL RECORDS, P.O. BOY THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate his been signed by the attending the contract of the full of the contract	887	ecuted	do pon
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DIVISION OF VITAL RECORDS, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal TO THE FUNERAL DIRECTOR. After this certificate has been signed by the att	ď	4	D
DIVISION OF VITAL RECORDS TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the company of the FUNEAL DIRECTOR. After this certificate has been signed by the	-	lear	atte
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DIVISION OF VITAL RECOID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE HUNERAL DIRECTOR: After this certificate has been signed to the think that the test of the test	2	H D	6
DIVISION OF VITAL RECOND THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign	ō	the state of	9
DIVISION OF VITAL RE TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law required THE FUNERAL DIRECTOR: After this certificate has been a	ŭ	res	UD:
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DIVISION OF VITAL THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE HUNERAL DIRECTOR: After this certificate has	œ	. ¥	Dec.
DIVISION OF VITA THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR After this certificate to	Ļ	60	Jas .
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DIVISION OF NO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certified the control of	=	3	fica
THE FUNERAL DIRECTOR: After this of the Funeral directors.	1	S	ert.
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TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR. After	_	4	#
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	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 93 10 A1
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthds))  FUNDER 1 YEAR  FUNDER 24 HRS.  7. DATE OF BIRTH  (Month, Day, Year)  1 30 36  8. BIRTHPLACE (State or Foreign  MONTHS DAYS HOURS MIN.  1 30 36
TOR	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF OEATH  SILVEY Spring  Montgomery Count  RESIDENCE OF DECEMENT
DIRECTOR	100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  Seabrook  10d. INSIDE CITY LIMITS?  1 KYES 2 \( \text{NO} \)
FUNERAL	100. STREET AND NUMBER 100. Treetop Ln 101. ZIP CODE 20706 USA
BY	11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO If Yes apacity Cuben, Mexican, Puerto Rican, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, apacity Cuben, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, apacity Cuben, Mexican, Puerto Rican, etc.)  16. YES 2 NO Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12 6 OperationsSvc. Director Group
BE CC	James T. Brackman Kathryn Lewis
2	Janet L. Brackman 10011 TreeTop Lane Seabrook, MD 20706
	20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   20b. PLACE AND DATE OF DISPOSITION   National Cem   6/28 Arlington, Virgini   21. SIGNATURE OF OPERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   Rendon/Hale Funeral Home   9013 Annapolis Rd., Lanham, MD 2070
CERTIFICATION	23. PART i Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiac or respiratory arrest, shock, or heert feilure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):
	that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):
N: MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA  26. PLACE OF OEATH (Check only one)  OTHER:  4 Nursing Home 5 Residence 8 Other (Specify)
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED
8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
8	29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnith, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, PYP)) BRUCE A. SILVER MD 2/01 Medical Park St., Silver July MD 20902
	31. DATE FILED (Month, Day, Year)  32, REGISTRAR'S SIGNATURE  Aund January Randelle

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

RACE — American Indian, Black, White, alc.

Caucasian

U.S.A.

1 TYES 2 NO

Approximata interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 - YES 2 100

**Onset and Death** 

4:30PM M

REG. NO

June 20, 1993

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

STATE REGISTRAR

John

4 SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Edward

5. SEX

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OF VITAL RECORDS, P.O.	and the same of th
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DIVISION	
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7. DATE OF BIRTH (Month, Day, Year)
August 18,1915 New York 055-10-9881 1 X M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8600 Mike Shapiro Drive Apt. 1013 Clinton Prince George's DIRECTOR permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Clinton Maryland Prince George's FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8600 Mike Shapiro Drive Apt 1013 20735 page 5 should be detached for use as the burial-transit the period by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Marrie BY 1 TYES 2 X NO Specify. 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12th College (1-4 or 5+) Law Firm Investigator notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Joseph Burke Anna Camp 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia Raicich 9206 Midland Turn Upper Marlboro, Md 20772 be 20a. METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must funeral director, Resurrection Cemetery 6 23 93 Clinton, Maryland examiner 21. SIGNATURE OF FUNDINAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md20735 filled in by the medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. **IMMEDIATE CAUSE (Final** ysician and completely fille prior to burial, cremation, the of THE COLON disease or condition within resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF) executed PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate been signed by the attending physician of the atth and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART if. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 10 Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? h with the State De arked, or item 2 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, NA 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident FUNERAL DIRECTOR: After the within 72 hours after dead TANT: If Item 28 is m 28a. PLACE OF INJURY — At home, lerm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(s) and manner as stated 2 - MSGICAL STAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERA be filed within 72 IMPORTANT: I 296. BIONATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29 LICENSE NUMBER BE 뿓 1943 2 2 DDNESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frank Ryan Dr 6188 Oxon Hill Road Suite 600 Oxon Hill, Md JUN 2 2 19 32 MESISTHAM'S SIGNATURE CONDESSES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Burke, Sr.

6. AGE (In yrs. last birthday)

93

9c. COUNTY OF DEATH

3. TIME OF DEATH

6:45 p

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

XXYES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION DF CAUSE

1 YES 2 NO

Interval Between

8. BIRTHPLACE (State or Foreign

**Virginia** 

10g. CITIZEN OF WHAT COUNTRY?

White

U.S.A.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OB ATTENDING BUNCIONAL The law sequipes that the death manifolds he executed withlin 24 hours
5	0
	TAI

06 14 George C. Berry 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🔀 M 2 🗌 F 577-86-4678 7-29-13 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR Southern Maryland Hospital Clinton Prince George RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION MD. P.G. Clinton 10e. STREET AND NUMBER 10f. ZIP CODE 9101- Stuart Lane may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12th Not Available N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at George Berry Ellen Lynch BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 William Ragland #412 4100- Mass. Ave., N.W. Wash., D.C. pe 20s. METHOD OF DISPOSITION
1 Durial 2 X Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE after death. Page 6 Mongtonery Crematory 6/18 Bethesda, Md. examiner 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hackett's Funeral Chapel, Inc. DA HAC KLDI 814- Upshur Street, N.W. or removal. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of shock, or heart failure. List only IMMEDIATE CAUSE (Final the cremation, disease or condition resulting in death) an and completely fi to burial, cremation event, traumatic MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST 0 icate has been signed by the atte State Dept. of Health and Mental Item 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER: 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 the 27. MANNEB OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF this c. 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending investigation 1 YES 2 NO BY death 2 Accident DIRECTOR: Afther hours after deal tem 28 is m 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 6 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATTY
TO THE FUNERAL DIRECTO
De filed within 72 hours at
IMPORTANT: If them 24 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place SIGNATURE AND TITLE OF CERTIFIER BE 29d, DATE SIGNED (Month 2

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JUN 2 2 1993

700

32. ARGISTRAR'S SIGNATURE SANGE DE JANGSON - Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

0735

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	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND Ce				DEAT		MENTAL	REG. NO.	E	SAN		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
	ALMA ST	STEVENS BINKS							JUNE19, 1993 YEAR 6:15 p.m. M					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH	T	8. BIRTI	HPLACE (State or Foreign	
	577-46-6250	1 ☐ M 2 🔯 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	6, 19	003	Gen	many	
	9e. FACILITY NAME (If not institution, give stre	set end number)			9b. CITY	r, TOWN C	OR LOCATIO	ON OF DE			9c. COUN	_		
OR	DOCTORS COMMUNIT	TY HOSP	TTAL		LA	NHAN	1-SEA	BROC	K		PRI	NCE	GEORGE'S CO.	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			I son CIT	V TOURI	OR LOCAT								
E C	120.7	e George	10				ION						10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER		Greenbelt 104. ZIP CODE						1 TY YES 2 NO					
FUNERAL	46A Ridge Road		20770						_		WHAT COUNTRY?			
S	11. MARITAL STATUS		ER IN U.S. ARMED 13. WAS DECE			ENDENT OF HISPANIC ORIGIN? (Specify Y			? (Specify Yee	U.S.A.				
BY F	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	10		Il yes, sp	ecify Cubai 2 ⋈ NO	s, Mexicai	n, Puerto R	lican, atc.)			14. RACE — American Indien, Black, White, etc. Specify:	
	3 🖾 Widowed 4 🗌 Divorced							25130				-	casian	
E	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	g	16b.	KIND OF BUS	INESS/INDI	USTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5 + 2 +	Nui		e retired.)				,,	1 + 1				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									ealth				
		etzel					_	ma	_	liddie, Meiden : trude	,	sche	2.20	
BE	19a. INFORMANT'S NAME (Type/Print)	20201	191	. MAILING	ADDRES	S (Street a				er, City or Town			31	
2	Raymond A. Stevens	5								, Mary			0770	
	20e. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		_	20c. LOC				
	1 Donation 5 Other (Specify)	/al from State	cemetery, cre	poli	her place)	Crem	atory	7 6	1				Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NBEE C	>-M/		22.	NAME AN	ID ADDRES	S OF FAC	CILITY					
	· Cheviles	7.13	3eW ()										ne, P.A.	
	23. PART i. Enter the diseases, or co	mplicetions that	caused the de	eth. Do r	ot enter	the mo	de of dvi	more	AVe	., Hyat	tsv1	lle,	MD 20781	
	shock, or heart failure. Li IMMEDIATE CAUSE (Final	ist only ona cau	se on eech ilne										Interval Batween Onset and Death	
	disease or condition resulting in death)  a. Quete Meinurea, Molesly cogulation  DUE TO (OR AS A CONSEQUENCE OF):										L 61411c			
	Tooding in occur.	DUE TO	(OR AS A CONSE	DUENCE OF	7:		11		1	20110	Can		- del mis	
Z	Sequentially ilst conditions, b.	Ve	nile de	ence	Tha								years	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF	7):								/	
F S	CAUSE (Disease or Injury C.	DUE TO	OR AS A CONSEC	MIENCE OF	3.									
Ē	that initiated events resulting in death) LAST		(on no n oonoco	OLIVOL O	<i>j</i> .									
8	d.										1.			
CAL		iona contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?							24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO				
	Homerosiler	Ru ha	art di	reac	10				_	1   YES 2			COMPLETION OF CAUSE OF DEATH?	
Ž	1 YES 2 NO								1   YES 2   NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1 YES 2 NO  OF DEATH.  1														
Si I		HOSPITAL:	1504 JS		OTHER	R:	ACE OF DE			,				
¥	27. MANNER OF DEATH	1 Inpatient 2   28e. DATE OF		28b. TIM		_	5 Rec	ildence (			Here one			
2 Accident Investigation M 1 YES 2 NO								NO	280. DEŞI	SHIBE HOW IN	JUHY OCC	URED		
								nd Number o	r or Rural Route Number					
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and manner ee stated.														
One) 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) are								d st the 1	to the cause(e) and manner as stated,					
BE									(Month) Day, Year)					
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEN	1 27) (Type,	Print)						- 0	100	113	
	Peter M Schisn	csho	2500 Px	coen.	Jall	Ch	Dr 1	ano	en L	11-11	1112	nZ	20	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE	20 4	7	-17 /		JU	10	- 16 / 10			/ 0	
JUN 2 2 1993 Julia Davidson-Randalle														

Page 6 mm for retained by the hospital or attending physician.

MORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Prove 6 may be retained by the attending physician and completely filled in by the function of should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 6

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 certificate be that requires Jaw. ATTENDING PHYSICIAN:

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Brooks -14 Thelma 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗆 M 2 🗇 F HOURS YRS. 579-38-4699 10 - 14Wash use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR George Community Hospit CHEVERLY, MD Prince P.G. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. P.G. County LANDOVER, MD YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20785 1209 Capital View Dr. USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☐ NO Specify:

X BY Specify: 3 Widowed 4 Divorced Afro Am COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) HOSPITAL, 10th Grade Housekeeping 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Johnson. 띪 Clarence W Rertha Jackson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Veronica Fletcher \5610 Eagle st., Seat Pleasant, MD. (daught pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 20a, METHOD OF DISPOSITION

TO Buriat 2 Cremetion 3 Removal from State

4 Donation 5 Other (Specify) must jun 18,1 Harmony Memorial 993 LANDOVER, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE RALPH WILLIAMS FUNERAL SVC n by the fi removal. 11th st Se Wash 20003 medical /23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, in by Approximate shock, or heart fellure. List only one cause on each line. intarval Between 6 IMMEDIATE CAUSE (Final Onset and Daath the robilifatione politice and voscilor durane disease or condition resulting in death) event. DUE TO OR AS A CONSEQUENCE OF and co traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events attending physician ntal Hygiene prior to other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 been signed by the attent. of Health and Mental Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO DF DEATH? 1 TYES 2 NO PHYSICIAN: certificate has been the State Dept. of item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 I ER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, WITH this 5 Pending Investigation 1XXNatural 1 YES 2 NO BY After 1 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: It Item 28 is m 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) G 6 Could not be 4 Homicide determined COMPLET 29e. CERTIFIER
(Check only
1 CERTIFIENS PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner es stated. 29b. SIGNATURE AND TITLE OF PERTIFIE BE LICENSE NUMBER 21230 2 TED CAPSE OF DEATH (ITEM 27) (Type, Print) MELLIST Auria Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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no physica	ed within 72 hours after death with the State Dept. of Health and Ment. Hypere prior to burial, cremation, or removal.	SHOWING IN the second of the second s
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	1 - STATE REGISTRAR		STATE OF I	WARTL	CERTIF					MENTAL	REG. NO	_		
	1. DECEDENT'S NAME (First, Midd		. 1/		n					2. DATE OF	F DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER				DA BU	-				6	- 1	7 - 9	7.3	715 P M
	578-52-4678 052 18 4915		5. SEX	6. AGE (1	in yrs. last birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	Day Year)	1001	8. BIRTI- Counti	
	9a. FACILITY NAME (If not institution, give street and number)				1110.	9b. CIT	, TOWN C	R LOCATI	ON OF DE		n 9,		INTY OF O	Italy
<u>۳</u>	905 FORES			504	eth			44						650x664
5	RESIDENCE OF DECEDE	COUNTY										1//	W Ca	
DIRECTOR			(	-00	10c. CI	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	-in	CE UE	UKU	50 0	JXC	101	ZIP COO	E			10a, CIT	IZEN OF V	1 YES 2 NO
ER/	10e. STREET AND NUMBER 905 FUR	CES	T DR	106	· 900	1%		2074	45				USA	
FUNERAL	11. MARITAL STATUS	- 1	12. WAS DECEDEN FORCES? 1	IT EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN?	(Specify Yes	or No—	14. RACE	E — American Indian, k, White, atc.
BY	1 Never Married 2 Marri 3 XXWidowed 4 Divorced	ed	IF YES, GIVE V				1 TES	2XXNO	Specify		an, atc.)		Spec	Wy:
ETED	15. DECEDEN	T'S EDUCA	TION		16a. DECEDENT'S	USUAL O	CCUPATIO			16b. K	IND OF BUS	SINESS/IN		white
<u></u>	(Specify only high: Elementary/Secondary (0-12)		College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of workin	10					
COMPL	5th				Wai	tres	3				Res	taura	ant	
	17. FATHER'S NAME (First, Middle,			0				18. MOTI	HER'S NA	ME (First, Mid				
BE	19a. INFORMANT'S NAME (Type/Pr		Severino	Can	19b. MAILING	ADDRES	0 (0)	-411	0.16		dalen			ail
2	Max S. Buset													a 22307
	20a. METHOD OF DISPOSITION		er desertion	20b.	PLACE AND DATE	OF DISPOS	N/MOITIS	me of		DATE	200 10	CATION	Other on To	State
	1 St Burial 2 Cremation 3 Removal from State    A Donation 5/D Other (Specify)   Ft. Lincoln Cemetery 6-21+93   Brentwood Maryland													
	21. SIGNATURE OF MUNERAL SERVICE MICENSEE  22. NAME AND ADDRESS OF FACILITY  George P. Kalas Funeral Home													
	* 11/101 F 110	UB				-   6	5160	0xor	n Hil	ll Rd.	. 0xo	n Hi	11. N	ld. 20745
	23. PART I. Enter the disees ahock, or heart i	es, Dr CDI Isliure. Lis	mplications the st only one ceu	t ceused ise on ea	the death. Do i	not enter	the mo-	de of dy	ng, suci	h es cerdia	c or respi	ratory er	rest,	Approximate interval Setween
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  s. CARDIAC ARMY THMIA  DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions.  b. ARTERIOSCUEROTIC CARDIOVASCUERO DI SERSE													
	resulting in desth)	8.	DUE TO	PIA	CONSEQUENCE	RH	4 m	MIA				<u>.</u>	_	
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CERTIFICATION	Sequentielly list conditions, if any, leading to immediate		DUE TO	(OR AS A	CONSEQUENCE O	F):		,,,,,,	,30,0	ישקכ	-1307	HE		
2	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	۵.	DUE TO	/OD 46 4	CONSEQUENCE O									
Ē	that initiated events resulting in deeth) LAST		DOE TO	(OH AS A	CONSEQUENCE O	r):								
	Diet II ou	d.		-										
CAL	PART ii. Other significent co	inditions	contributing to	deeth bu	it not resulting	in the Ur	deriying	ceuse g	given in I	Part I. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	-									—   ¹	YES 2	N,NO		OF DEATH?
≥							_			-				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?						26. PL	ACE OF D	EATH (Che	ock only one)		-		
VSIC	1 K YES 2 NO		HOSPITAL:	ER/Outpe	itlent 3 🗆 DOA	OTHEI 4   Nur		5 % Re	sidenca	6 🗆 Other (S	Specify)			
표	27. MANNER OF DEATH  1 Natural 5 Pendi		28a. DATE OF (Month, D		26b. TIM	E OF URY	28c. INJI	JRY AT		28d. DESCF	RIBE HOW I	NJURY OC	CURED	
à l	2 Accident Investi	igation	N 200 PM ACT O	A		М		ES 2	] NO					
	3 Suicide 8 Could 4 Homicide determ		building,	atc. (Speci	— At home, farm, (fy)	Kreet, fact	ory, office			28f. LOCATI City or	ION (Street a Town, State)	ind Number	r or Rumal R	oute Number,
COMPLET	29a. CERTIFIER	C DHASICI	N: To the heat of	- knowle	edga, death occum									
OMP														) and manner se stated.
O I	29b. SIGNATURE AND TITLE OF C													
0	Duland	Wor	end '	E	X9mine			D	018	مرير		16	17-	93
임	30. NAME AND ADDRESS OF PERS	A /	COMPLETED CAUS	SE OF DEA	Cyty Mexamin a strict of the control	Print)	2							
	TAUL IT. WE	VORC	= 141) 4.	203(	Kueenst	uny	Pd	4	197	15016	ce Y	40:	207	71
	31. DATE FILED (Month, Day, Year)	1993	32. REGISTRA	R'S SIGNA	dson-Rand	482								L.
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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
VISION	ATTENDING
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	SPITAL

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH										
	Joan Marie Burkard June 20 1993 6:20 a. A										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGF (In vir. last highlight) ETIMOED 1 VEAD 15 INDER 1 VEAD 1 VEAD 15 INDER 1 VEAD 15 INDER 1 VEAD 15 INDER 1 VEAD 1 VEAD 15 INDER 1 VEAD 1 VEAD 15 INDER										
	078 28 9937										
0	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
DIRECTOR	Doctors Community Hospital Lanham Prince George's										
H.	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS?										
	Maryland Prince George's Bowie										
FUNERAL	10g. CITIZEN OF WHAT COUNTRY?										
N.	3804 Chapel Forge Drive 20715 United States  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGINAL (Specific Veg or No. ) 14 PACE ATTEMPT (Marital Status)										
	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc.										
B	3 Wildowed 4 Divorced NO NO Specify: No Sp										
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
19	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)										
COMPLET	1 Assistant V.P. Insurance										
8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Sumame)										
8	Daniel Cairney Jean Duddy										
ဥ	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Richard P. Burkard  3406 Arnold Lane Falls Church Virginia 22042										
	2012										
	20b. PLACE AND DATE OF DISPOSITION   OATE   20c. LOCATION — City or Town, State   20 Cemention 3   Removal from State   20 Cementing of Other (Specify)   Oate   Oate   20c. LOCATION — City or Town, State   20c. LOCATION —										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Beall-Evans Funeral Home, P.A.										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest,  Approximate										
	Interval Between										
	IMMEDIATE CAUSE (Final disease or condition Onset and Death										
	DUE TO (OR AS A CONSIQUENCE OF):										
Z	Sequentielly list conditions,										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
	DART I Out of the state of the										
N N	PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO										
MEDIC	1 YES 2 NO COMPETION OF CAUSE OF DEATH?										
×	1 YES 2 NO										
A A	25. WAS CASE REFERRED TO MEDICAL 28 PLACE OF DEATH (Charles)										
PHYSICIAN:	EXAMINER?  HOSPITAL:  OTHER:  OTHER										
¥	1   YES 21 NO   Inpetient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Realdenca 8   Other (Specify)  27. MANNER OF GEATH   28e. DATE OF INJURY   28b. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED										
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?										
D 8Y	2 Accident  3 Suicide 8 Could not be  28e. PLACE OF INJURY — At home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Route Number, hullding at a (Secretary))										
I III I	4 Homicide detarmined building, etc. (Specify)										
COMPLET	29a. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
8	one)  MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner or stated.										
ш	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGN®D (Month, Oby. Year)										
10 8	30gen Franco 1)33482 1 6/20 93										
۴	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Saf Ker Anand, MD 7227 B Hanner Dest Cause of Death (ITEM 27) (Type, Print)										
	31. DATE FILED (Month, Day, Your)  32. ABGISTRAR'S SIGNATURE  JUN 2 5 1993  32. ABGISTRAR'S SIGNATURE										
	Saleer Anand, MD 7227 B Hanner Dky Greenbelt mD 2077										
4 H	AOILD O 1999   January Martin Martin										

to 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ined by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

REG. NO.	
2. DATE OF DEATH MONTH OG - 21 -	year 9.3 O840

1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH D	AY.	YEAR	3. TIME OF DEATH	
		J. C. B.					,		06-21	7 -	9.3	0840A H	
		. ,	(In yrs. lest	t birthday) YRS.	IF UNDER	DAYS	HOURS	MIN,	7. DATE OF BIRTH (Morth, Day, Year) 2/28/15		Countr	PLACE (State or Foreign y) ert Co., Mo	
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I									
TOF	Washington Adventist Hospit				ı	Tak	oma	Par	k	Mon	tgo	mery	
DIRECTOR	D.C. 106. COUNTY N/A				ash:					10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 929 48th St.	929 48th St., N.E.					101. ZIP CODE 20019					WHAT COUNTRY?	
FUN	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER FORCES? 1 2 YES								or No—	14. RACE	E — American Indian, it, White, etc.	
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR					≱∏ NO				Speci		
E	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION mpleted)	16a, DE0	VE kind of	USUAL O	CCUPATH during mo	DN est of worldi	פר	16b. KIND OF BU	SINESS/INC	DUSTRY		
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)							ice U.S	. Go	vernment		
S S	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Malden				
BE (	Clarence Bur	ngie							ie Gross				
10	19e. INFORMANT'S NAME (Type/Print) Zenobia Irby		5 8	807	Old	Te	mpl∈	or Runal R	Route Number, City or Tow 11 Rd., T	n, State, Zir empl	e H	ills,Md.	
	20s. METHOD OF DISPOSITION 1   Xilburial   2   Cremation   3   Removel from State   4   Donation   5   Other (Specify)   Harmony Mem. Park   6/26/93   Landover, Md.												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	· Xarry,					492	25 B	urro	oúghs Ave	∍.,N	.E.	•	
	23. PART I. Enter the diseases, or con- shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition	t only one cause on	each line.						FM Poc	D.K.	BAB.	Approximate interval Between Onset and Death	
	resulting in death) a	DUE TO (OR AS	A CONSEQ	WENCE O	F):		_			1 100			
NO O	Sequentially list conditions,	DUE TO (OR AS				- 1	7	FN	Noil				
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS				オレ	36	R	c 4 6 0 51.	ſ		į	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQ	UENCE O	n:	177	1.0	011	AG LYAL	DU	6A16		
	DART II. Other elections and literal												
CAL	PART II. Other significant conditions of	TE (A			in the ur	derlyin	g cause (	given in i	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL		ERES C			125				1 YES 2	ANO		OF DEATH?	
				- 1	4/				-		ı	1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:					ACE OF D	EATH (Che	ack only one)				
YSI	1 TES 2 NO 1	Inpatient 2 - ER/Ou					e 5 ☐ Re	sidence	6 C Other (Specify)				
ву РН	27. MANNER OF DEATH  Statural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		26b. TIM	E OF URY M		URY AT PRK? YES 2	] NO	28d, DESCRIBE HOW I	NJURY OC	CURED		
ETED I	3 Suicide 8 Could not be determined	26s. PLACE OF INJUR building, etc. (Sp	IY — At hor ecify)	ne, ferm, :	street, fact	ory, offic	•		28f. LOCATION (Street a City or Town, State)	and Number	or Rural F	Route Number,	
PE	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my kno	wledge, des	ith occurr	ed at the t	ime, date	and place	, and due	to the cause(s) and mar	nor as stat	ted.		
COMPL	one) 2 MEDICAL EXAMINER: 0	On the basis of examinati	on and/or in	rivestigatio	on, in my c	pinion, d	leath occur	red at the	time, date and place, an	d due to th	te cause(a	) and manner as stated.	
BE	29b SIGNATURE AND TITLE OF CERTIFIER	M.A.					29¢. LICI	ENSE NUM	BER 71	29d. DAT	E SIGNED	(Month, Day, Year)	
TO	30. NAME AND ADDRESS OF PERSON WHO C	P . A .	TG1	27) (Type,		PR.	ی در	. (	JAETS	1601	NA P	n (269,2	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE David	1 × 7	and o	2.					1	,	
	areny Z. (1. 19	D.) 9000	> KULUUTUU	007V-//	milmoo	_							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1. 219 HA FAR. MP JOIN CARRUCE ON EGITORA PARI.

MUSIKULING PRIYSICIAN.	TOR. After this certificate has been signed by the attending physician and completely filled in by the funerial director are a mount be detached for use as the buriat-transit permit. Places 1, 2, 3 should		
5	for u	7	B
nidenii oin fid nod	5 should be detached	)	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2000	e atter	ental	חל, ם
200	P 45	and N	y inj
2	igned	ealth	rs an
200	peen s	. of H	shov
100	has	e Dep	m 23
	tificate	e Stat	or ite
5	nis cer	vith th	ed, t
	ther th	eath w	mark
-	TOR: A	after d	28 Is

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I			TMENT OF H	IEALTH AND DEATH	MENTA	L HYGIEN		3	20684
1. DECEDENT'S NAME (First, N		mes	FRANK	BLAC	K, III		2. DATE	of DEATH	AY C	YEAR 3	3. TIME OF DEATN
4. SOCIAL SECURITY NOMBE		5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		E. BIRTHP Country)	LACE (State or Foreign
578-80-6	7911	XXM 2 □ F	28	YRS.			DEC	. 17,			INGTON, D
e. FACILITY NAME (If not inet	Itution, give stree	et end number)			9b. CITY, TOWN	OR LOCATION OF E	DEATH		9c. COUN	ITY OF DEA	ATH
ANNE ARI	INDEL	GENER	AL		ANNA	POLIS			ANNI	E AR	UNDEL
	10b. COUNTY			10c, CITY	, TOWN OR LOCA	TION					IOd. INSIDE CITY
(ARYLAND)  Oo. STREET AND NUMBER	PRINC	E GEOR	CE'S			ERSON F	HEIG	HTS	10g. CITIZ		VES 2 NO
906 MINI	NA AVI	ENUE			7	20743	3		IIS	λ	
I. MARITAL STATUS	1	2. WAS DECEDEN	T EVER IN U.S. A			ENDENT OF HISP	ANIC ORIGI			14. RACE -	- American Indian, White, etc.
Never Married 2 M	ed	IF YES, GIVE Y	MAR OR DATES"		1 🗍 YES	ecify Cuban, Mexic 2X NO Spec	elfy:			Specify	
(Specify only h	DENT'S EDUCATION OF THE PROPERTY OF THE PROPER	TION Impleted)	1	Give kind of w	Ork done during mo	ON at of working	16	b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12	2)	College (1-4 or 5	+)	No. Do NOT use		TODIZED					
12th FATHER'S NAME (First, Midd	die, Last)		MA	TNTE	NANCE I	NORKER  18. MOTHER'S N	AME (C)	A41-4-4- A0 11	PVT		
									,		
A. INFORMANT'S NAME (TVD)		BLACK	JR	ON MAILING	ADDRESS (Street of	nd Number or Rura		Y MAE			
JAMES I		DIAGE									WD 00740
De. METHOD OF DISPOSITION TO Burlel 2 Cremation Donation 5 Other (S	N 3 🗆 Removi		20b. PLACE cemetery, c	rematory or oth	F DISPOSITION (Na her place)	rme of	OAT		CATION C	City or Tow	
SIGNATURE OF FUNERAL		ISEE	2101	HONX HOO	J	B. JEN	ACILITY JKIN:	S FUN		НОМ	MARYLANI E MD20785
MMEDIATE CAUSE (Final lisease or condition seulting in death)	int failure. Lid	DUE TO	(OR AS A CONSI	EOUENCE OF	):						Approximate interval Betwee Onset and Deat
any, leading to immedia suse. Enter UNDERLYIN AUSE (Disease or injury lat initiated events suiting in death) LAST	ate G		(OR AS A CONSI								
Siche	e cel	contributing to	death but not	Pne	tha underlying	4-	Part i.	24s. WAS AN PERFOR 1 TYES 2	RMED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?  YES 2 NO
. WAS CASE REFERRED TO I	MEOICAL			_	26. Pt	ACE OF DEATH (C	heck only o	ne)			
EXAMINER?		IOSPITAL:	ER/Outpetlent		OTHER:	e 5 🗆 Reeldence		-/			
MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIME	OF 28c, INJ	URY AT	_	SCRIBE HOW I	NJURY OCC	UREO	
1 Natural 5 Pe	ending restigation	(Month, E	lay, Year)	INJU	IRY WO	RK? 'ES 2 NO	10.7		,		
3 Suicide 6 Co	ould not be termined	28e, PLAGE C	F INJURY — At h	ome, ferm, st	reet, tectory, offic	V	281. LOC City	CATION (Street or Town, Stete)	and Number (	or Rural Roo	ite Number,
						and place, end du					and manner ee stated.
wruld	F CENTIFIER	m	2			D24	IMBER 768		29d. DATE	SIGNED (A	100th, Day, Year)
DAGS.	السا	COMPLETED CAU	SE OF DEATH (IT	ЕМ 27) (Туре,	AAN AAN ndall	nc					
DATE FILEO (Month, Day, Yea	~ 40	93.	ralia David	bon-Ra	ndall						

BALTIMORE, MARYLAND 21215-0020	after duality received righty be retained by the hospital or attending physician.	by the far at other, page 5 should be detached for one as the bunial-transit permit, Pages 1, 2, 3 should moval.	ical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after much more in the maintened by the morphism attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the page 5 should be detached for one at the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or genoval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MA			RTMENT OF			MENTAL HYGIEN		90 2	.0000
	1. OECEOENT'S NAME (First, Middle, Lest) Stanley	Rufus	Be	Nil	hime			2. DATE OF DEATH	AY 9	3 TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER 218-03-0115		AGE (In yrs. les		IF UNDER 1 YE	IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year) Oct. 9,19		8. BIRTHPLACE (State or Foreign Country)	
	9q. FACILITY NAME (If not institution, give st		) )		9b. CITY, TO	N OR LOC	CATION OF DE			Maryla	ina
DIRECTOR	HATTOOD MEMO	orial Nos	spital		Hav	ed	e Gro	uce	141	ar for D	
IRE	10a. STATE 10b. COUNTY		_	10c. CIT	Y, TOWN OR LO	CATION				10d. INS	IDE CITY
	Maryland 100. STREET AND NUMBER	Ceci	1	L	(	Onow	ringo		10c CIT	1 _ YE	S 2 NO
FUNERAL	188 Ragan Road 21918 U.S.									U.S.A	
E N	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No — Black, White Bl									14. RACE — Ameri Black, White, a	ican Indien,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES				NO Specif			Specify:	nite
田田	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	we kind of	USUAL OCCUP	most of w	vorking	16b. KINO OF BU			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)  Two Years	Se.	l f-Er	nployed Derate					cycle Cen Iaryland	iter
NO.	17. FATHER'S NAME (First, Middle, Last)			IPT/	perarc			ME (First, Middle, Malden	Surneme)		
H H	Hazelett O. Be	enjamin, S						ie May Cha			
2	Helen L. Benjamir	ı						noute Number, City or Tow ingo, Mary			
	20a, METHOO OF DISPOSITION 1 🖾 Burlet 2 🗆 Cremation 3 🗆 Remo			NDDATE	OF DISPOSITION		Conows		77.75	City or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Pleasan	t Gro	ve Metho			/7/93 Peacl	n Bott	om, Pennsy	lvania
	Lee A. Patterson & Son Funeral Home										
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between										
	iMMEDIATE CAUSE (Final disesse or condition resulting in death)	Carl	AS A CONSEC	ar	rest		10				arvai Batween eset and Daath
NOI	Sequantially list conditions, if any, leading to immediate	DUE TO (per	Pestu	Q HENCE O	iert	An	lur	en			
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BUE TO (OF	AS A CONSEC	UENCE O	lu	Vra	& U	alve			
	PART II. Other significant conditions	s contribution to de	anti bust file s	- Palina	in the said of	4-1-	an alternative	5 - 1 I		_ +	
PHYSICIAN: MEDICAL	anemia	), Du	bete	ı l	uell	tu	se given in	Part I. 248. WAS AN PERIFOR	L. J.	AVAILABL COMPLET OF DEATH	TOPSY FINDINGS LE PRIOR TO FION OF CAUSE H?  B 2 \( \text{NO} \) NO
AN	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:		Residence	8 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,	JURY	28b, TIM	E OF 28c.	INJURY AT WORK?	т	28d. OEŞCRIBE HOW	NJURY OC	CUREO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF Inbuilding, etc.	IJURY — At hor . (Specify)	ne, ferm, :			2   10	28f. LOCATION (Street City or Town, State)	and Number	r or Rural Route Numi	ber,
COMPLETE	29e. CERTIFIER (Check only one) 1 XXCERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER										mar as etated
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		17	de.	- lul		LICENSE NUM			E SIGNEO (Mohth, p	
5	30. NAME AND ADDRESS OF PERSON WHO Brian T. Yeo, M.D	., 801 Sou	of DEATH (ITE	on A	Printi Venue.	Havi	re de	Grace. Man	vlan	d 21078	<u>ر</u>
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		- /				7 1411	21070	
	JUL 0 6 93	Allia Savidso	n-Ande	2		·					DHMH-16 Rev 1/89

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OF VITAL RECORDS	
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DIVISION	The state of the s
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	CE	RTIFICA	TE OF		1	REG. I	NO.	20	0686
	1. DECEDENT'S NAME (First, Middle, Las	Edward	ard B	urlin,	Jr.	T		DATE OF DEATH	DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last		DER 1 YEAR	IF UNDER 24	HRS. 7. I	ATE OF BIRTH		8. BIRTHPL/ Country)	ACE (State or Foreign
	219-34-0008	1) M 2   F	1 № M 2 🗆 F 56 YRS. MONTHS					Jan. 29, 1937			
-	90. FACILITY NAME (If not institution, give street end number)  90. FACILITY NAME (If not institution, give street end number)  90. COUNTY OF OEATH										Н ,
ECTOR	Martord Memorial Hospital Havre De GRACE Harford										rd
REC	10a, STATE 10b, COU		10c. CITY, TOW	N OR LOC	ATION				10	d. INSIDE CITY	
DIR	Maryland	Cecil	Cecil P				sit			1	LIMITS?
ERAL	88 Linton Run Ro				1	Of. ZIP CODE	010		10g. CITIZ		T COUNTRY?
W	11, MARITAL STATUS	12. WAS DECEDENT EVER I	ALLI 0. APR				219			U.S.A	
FUN	1 Never Married 2 Merried	FORCES? 1 YES	2 X N		If yes, s	pecify Cuben, I	Mexican, Pu	RIGIN? (Specify erto Rican, atc.)		Black, W	American Indian, hite, etc.
B	3 Widowed 4 Divorced	TES, GIVE HAIN ON D	MIES		1   YE	в Х∏ ио	Specify:			Specify: White	
윤	15. DECEDENT'S El (Specify only highest gra	DUCATION de completed)	(Giv	EDENT'S USUAL	ne during m	ION lost of working			BUSINESS/INDI		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Inte.	Do NOT use retire	d.)			_	and Sta	ate Ro	oads
COMPL	Twelve Years  17. FATHER'S NAME (First, Middle, Last)		<u> </u>	Mainter	lance	1			ighway		
	Fritz Edward I	Burlin, Sr.						Richa:			
H	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADOR	ESS (Street							
5	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Barbara Jean Burlin  88 Linton Run Road, Port Deposit, MD 21904										
	20g. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION /Name of Cemetary Complany or other place   OATE   20c. LOCATION — City or Town, State										
	4 Donation 6 Other (Specify)	H	lopew						Port De	posit	, Maryla
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Lee A. Patterson & Son Funeral Home										ne
	M coman	- Vatterson	Sr.	E	erry	ville,	Mary	land 2	1903		
	snock, or heart failure. List only one cause on each line.									Approximate interval Between Onset and Dast	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
1 . 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIRE										RE AUTOPSY FINDINGS
MEDICAL								100	FORMED?	co	MPLETION OF CAUSE DEATH?
											YES 2 NO
SICIAN: MED	-										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	4.7.40	ОТН		PLACE OF OEAT	TH (Check or	nly one)			
PHYS	1 YES 2 NO	1 % Inpatient 2 ☐ ER/Outs	patient 3 (	28b. TIME OF	_	me 5 Resid			W IN HIEW AGO	1950	
	1 Netural 5 Pending	(Month, Day, Year)		INJURY	w	ORK?		DESCRIBE HO	W INJURY OCC	DHEO	
ВУ	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF INJURY	— At hom	ie, farm, street, 1				LOCATION (Stre		or Runai Route	Number:
TED	4 Homicide determined	building, atc. (Spec	city)					City or Town, Ste	ato)		200.004
COMPLET		SICIAN: To the best of my know									d manner ee stated.
BE CO	296. SIGNATURE AND TIPLE OF CERTIF	ER				29c. LICENS	E NUMBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
TO B	William	mo				D 32	1609	,	<b>&gt;</b> 7	1219	3.
-	30. NAME AND ADDRESS OF PERSON V	Melhaus of or Melhaus m 32 REGISTRAB'S SIGN	ATH (ITEM	27) (Type, Print) 03 Rev	alul	ion St.	Ha	NTE D	E Grace	M	21078
	31. DATE FILEO (Month, Day, Year)  JUL 0 6 '93	32 REGISTRAB'S SIGN	n-Aan	dell							

at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. De filed within 72 hours after death with the State Dept. of Health and Mental Physiere prior to burial; cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
TO THE HOSPITAL OR ATTENDING PHYSICS TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with the IMPORTANT: If I tem 28 is marked, or

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DATE OF DEATH 3. TIME OF DEATH			TIME OF DEATH	
	Verna Lee B	Verna Lee Boone Month DAY YEAR 6 25 93									5:00 4
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last i	Later along a	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			IDTAID! A	ACE (State or Foreign
		100	65		ONTHS DAYS	HOURS MIN.	(Month, Da			ountry)	IJE (State or Foreign
	220-18-9260	1 M 2 🔭 F	YRS.		13.5	11-1	6-27	N	1D		
	9a. FACILITY NAME (If not institution, give	street and number)			b. CITY, TOWN	OR LOCATION OF	EATH		9c. COUNTY C	OF DEATH	Н
E	2809 Southview Rd				E114	ott City		- 1	Harras	1	
13	RESIDENCE OF DECEDENT	•	-		ETTTC	OLL CIL			Howar	, a	
DIRECTOR	10a. STATE 10b. COUNT	ГУ	T T	10c. CITY,	TOWN OR LOCA	TION				104	d. INSIDE CITY
뜻	MD Howa	rd		E11:	icott (	ity				4.5	LIMITS?
	10e. STREET AND NUMBER			_	1.	f. ZIP CODE			10g. CITIZEN		
₹					"					OF WHAT	COUNTRY?
FUNERAL	2809 Southview Rd					21042			USA		
5	11. MARITAL STATUS	12. WAS DECEDENT E				CENDENT OF HISPA			r No- 14. I		American Indian,
	1 Never Married 2 X Married	FORCES? 1		)		cocify Cuban, Maxic		ı, atc.)		Black, WI	hita, etc.
ВУ	2 Wildowed 4 Olympiad										White
Q	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY										WILLEC
	(Specify only highest grad	le completed)	(Gha	kind of wo	rk done during π retired.)	ost of working	1				le Trust
7	Elementary/Secondary (0-12)	College (1-4 or 5+)					D	o m lest m		Bank	
₩			Man	ager				ankin	6	Dank	-
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N					
BE	Stanley Bragg					Ethe1	M. Ru	ssell	. /		
	19a. INFORMANT'S NAME (Type/Print)		196.	MAILING A	DDRESS (Street	and Number or Rura	Route Number, (	City or Town,	State, Zip Code	e)	
2	Mr. Reverly P. R	oone								*	
	Mr. Beverly P. Boone 2809 Southview Rd Ellicott City MD 210										
	20a. METHOD OF DISPOSITION 1 ☆ Burlel 2 ☐ Cremetion 3 ☐ Rer	noval from State	20b. PLACE O other place	F DISPOSIT	TION (Name of co	emetery, cremetory or		20c. LOC	ATION — City	or Town,	Stata
	4 Donation 5 Other (Specify)			C	restlaw	n = 6-29	-93	Marr	iottsv	/il1	e MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				ND ADDRESS OF F	ACILITY				
	61	217/7	+-10		Harry	H Witzk	te Fune	ral H	lome Ir	1C	
	Harry	A. Will	39Ra		4112	Columbia	Pike :	Ellic	ott Ci	Ltv	MD 21043
	23. PART I. Enter the diseases, or	complications that co	used the dee	th. Do no							Approximate
	shock, or heart fallure	. List only one cause	on each line.								Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Finel U	2.4	- / /	. /		2	1				
	resulting in deeth)	0.				Craw	0 m				Months
	DUE TO (OR AS A CONSEQUENCE OF):										
z	Sequentially list conditions,										
CERTIFICATION	If any, leading to immediate										
X	cause. Enter UNDERLYING										
H	CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSEQU	JENCE OF)							
E	resulting in deeth) LAST										
浜	d										
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING										
8			PERFORMED?			MILABLE PRIOR TO IMPLETION OF CAUSE					
ă									NO		DEATH?
빃										1 [	YES 2 NO
					1						
A	25. WAS CASE REFERRED TO MEDICAL	1		3500	26.1	PLACE OF DEATH (C	theck ant/ one)				
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			OTHER:						
YS	1 NES 2 -NO	1 Inpetient 2 E				me 8 C-Réaldence	1				
H	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY Year)	26b. TIME INJU	OF 28c. If	JURY AT ORK?	28d. DEŞCRI	BE HOW IN	JURY OCCURE	:D	
ВУ	14 Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF II	NJURY — At hon	ne, farm, st	reet, fectory, off	Ica			nd Number or R	ural Rout	e Number,
Ш	4 Homicide determined	building, etc	. (Specify)				City or To	own, State)			
Ш											
COMPLETED		SICIAN: To the best of my	knowledge, des	th occurred	at the 11me, da	ta and place, and de	a to the cause(	a) and manr	ner as stated.		
8	one) 2 MEDICAL EXAMIN	IER: On the basis of axam	mination and/or in	rvestigation	, in my opinion,	death occured at 19	e time, data and	l place, and	dua to the ca	use(a) ar	nd menner as stated.
	29b. SIGNATURE AND THE OFFERTIFI	ED				29c. LICENSE N	IMPED		204 DATE OIL	ONED (44	onth, Day, Year)
BE			/	TI		29d. LICENSE N	DIMBER	_			
10	Derice	D. CA	ERRY J	L. 4	LINE,	10/02	200 4		▶ 6-	< 3	, 13
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	1		1			
	30. NAME AND ADDRESS OF PERSON W	PATRICE	PK	, Go	Leun Gr	ma.	2109	4			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					-			
	JUN 2 8 '93		widson-A								
	JUN 2 0 JJ	THE WALL WE	wrason-pr	سامعمد							

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to a

4 17	1. DECEOENT'S NAME (First, Middle, Last) Christine L, Bianca  CERTIFICATE OF DEATH  2. DATE OF CEATH  MONTH  DAY 2. OF THE PROOF OF THE											3. TIME OF DEATH
8	4. SOCIAL SECURITY NUMBER 212 36 2963	5. SEX	6. AGE (In yrs.	last birthday) 3 yrs.	IF UNDER	YEAR DAYS	IF UNDER 24 HRS		E OF BIFITH		/ 4	ACE (State or English
CTOR	So. FACILITY NAME (If not institution, give University of MA	street and number) Ry   and H					DR LOCATION OF		4 - 1/ 3	Be COUNT	TY OF DE	ATH .
DIRECT	10a. STATE 10b. COUN	Carro	11	10c. CIT	y, town of							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL		nolia CT					ZIP CODE 2// 57	,		10g. CITIZI		HAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ARMED	11	yea, spe	ENDENT OF NISC ecity Cuben, Max 2 NO Spe	ican, Puert	NN? (Specify Yes o Rican, etc.)	or No 1	14. RACE Black, Specify	American Indian, White, atc. Whit
LETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College {1-4 or 5 +		DECEDENT'S (Give kind of life. Do NOT us	work done di se retired.)	uring mo	ON st of working	10	86. KIND OF BU			
E COMPL	17. FATHER'S NAME (First, Middle, Last) Vincent DiF	secr	secretary  18. MOTHER'S NAME ( Lucy				law office (First, Middle, Meiden Surmame)					
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. Joseph B						nd Number or Ru	ni Route Nu				MD 21157
9	29a METHOD OF DISPOSITION 1.  Buriel 2 Cremetion 3 Rev 4 Donetion 5 Other (Specify)		20b. PLAC cometery.	E AND DATE	OF DISPOSI	TION /Na	me of		TE 20c. LO	cation — ci Ltimo	ity or Tow	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE L  Robert K.		Sr.		P	rit	ts Full Washi	nera	l Home	e & C	hap	el nster. M
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c Critica	OR AS A CONS	EOUENCE O	F):							Onset and Deal
MEDICAL	PART II. Other significant condition	ns contributing to	deeth but no	t resulting	in the unc	lerlylng	g ceuse given	n Part i.	24s, WAS AN PERFOR 1 YES 2	RMEO?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  I YES 2 NO
2												
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		ACE OF OEATH					
PHYSICIAN: N	EXAMINER?	HOSPITAL: 1 Dispetient 2  28e. DATE OF (Month, Da	INJURY	28b. TIM	4 🗆 Nursi	ng Home 28c. INJI WO	e 5 🗆 Residenc	8 🗆 Ott		NJURY OCCU	RED	
SICIAN: N	EXAMMER?  1 YES 2 TO  27. MANNED F DEATN  1 Natural 5 Pending investigation  3 Suicide 6 Could not be datarmined	28e. DATE OF (Month, De	INJURY	28b. TIM	4 Nursi	ng Home 28c. INJI WO 1   Y	e 5 Residence URY AT RK? /ES 2 NO	28d. Di	her (Specify)	and Number of		ute Number,
ETED BY PHYSICIAN: N	EXAMMER?  1 YES 2 NO  27. MANNEB F DEATN  1 Natural 5 Pending investigation  2 Accident investigation  3 Suicide 6 Could not be detarmined	28e. DATE OF (Month, Da 28e. PLACE OF building, 4	INJURY y, Year)  FINJURY — At atc. (Specify)  my knowledge,	28b. TIM INJ home, ferm, s	4   Nursi	ng Home 28c. INJI WO 1 1 1	uRY AT RK?  (ES 2 NO B and place, and d	28d. Do	PCATION (Street by or Town, State)	and Number of	r Rurai Ro	
ED BY PHYSICIAN: N	27. MANNED F DEATN  1	28e. DATE OF (Month, De 28e. PLACE OF building, a 28e. PLACE OF building, a 28e. On the basis of axions.	injury y, Year)  Finjury — At inc. (Specify)  my knowledge, amination and/c	28b. TIM INJ	4 Nursi E OF URY M street, facto	ng Home 28c. INJI WO 1 1 1	uRY AT RK?  (ES 2 NO B and place, and d	28d. Do	PCATION (Street by or Town, State)	and Number of	r Rural Ro  1.  cause(s)	and manner as stated.  Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020

ges 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the term Prom 6 may be retained by the hospital or attending physician.	In where in one climpage 5 should be detached for use as the bunal-transit permit.	al maniner print be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the it is any be retained by the hospital or attending physical process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by III be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical manner and the

31. DATE FILED (Month, Day, Year)

UN 2 2 1993

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH anks 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH (Month, Day, Iron IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F OUNTRY) DAYS .09. YRS. 910 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH FUNERAL DIRECTOR B RESIDENCE OF 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 0 10a. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIt yes, specify Cyban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Stop Alroh long 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle 1+h newh BE 0 19a. INFORMANT'S NAME (Type 19h. MAILING ADDRESS (Street and Number 2 elm 2 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION Buriel 2 Cremation 3 Removal from State cemetery, crematory othe place) 4 Donation 5 Other (Specify) 4/20 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21601 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition OUE TO COR AS WREKS resulting in death) TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algolificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? Congrestive heavt Failure 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 - Nursing Home 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation ВУ 1 YES 2 NO 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner ee stated. On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) end manner as stated. MATURE AND TITLE OF BEHTIE 29c, LICENSE NUMBER BE 29d. OATE SIGNED (Month, Day, Year) 6 02445 9 PLITEO CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND AGORESS OF PERSON WHO

3. TIME OF DEATH

6:50 PM

REG. NO

25 DAY

1993

2. DATE OF DEATH

MONTH 6

TIMORE, MARYLAND 21215-0020 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

BRUFFELLE

1 -

ESTER LeCOMPTE 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 XF 2-5-1894 318-05-7510 99 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian-The Pines Talbot Easton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Talbot Easton 1 XYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 203 Earle Avenue 21601 USA eral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Ricen, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 NO BY Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Daniel Benson Leonard notified at Eva Marion LeCompte BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 Jean Arnold Bicks Box 99, Severna Park, MD 21146 pe METHOD OF DISPOSITION 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE must 20a, METHOD OF DISPOSITION

1 X Buriel 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) of cemetary, crematory, or other place)

Spring Hill Cemetery 6 - 30Easton, MD 21601 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home, P.A. 200 S. Harrison St. Easton MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or haart failure. List only one cause on each line. interval Between 0 **Onset and Death** IMMEDIATE CAUSE (Final the the attending physician and completely Ille Mental Hygiene prior to burial, cremation, disease or condition resulting in death) event, TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL has been signed by the Dept. of Health and N n 23 shows any inj AMAILABLE PRIOR TO perpheral vasual disease COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO ereprovissular 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate has n with the State De arked, or item 2 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27, MANNER OF DEATH 284. DESCRIBE HOW INJURY OCCUREO is marked, 1 Netural 5 Pending Investigation DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide IMPORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE\_OF 29d. DATE SIGNED (Month, Day, Year) BE 불북을 6.29.93 100 223 2 30. NAME AND ADDRESS OF PERSON HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD owler 31. DATE FILED (Month, 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BICKS

ASP

20601

	1 - STATE REGISTRAR	/ DEPAI ERTIF					MENTAL HYG REG.		7 9	20031	
	1. DECEDENT'S NAME (First, Middle, Last) LEON BAYNARD						2. DATE OF DEAT	N DAY	YEAR	3. TIME OF DEATH	
	■	4. SOCIAL SECURITY NUMBER 222-30-3234 S. SEX 8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH YRS. MONTHS DAYS HOURS MIN. 1909. 70 1907 4							8. BIRTI- Counti	8:00 A M  IPLACE (State or Foreign  VMD	
POR	98. FACILITY NAME (If not institution, give street and number)  MARYLAND SHOCK TRAUMA	1110.			R LOCATION MOR			9c. COU	INTY OF D		
DIRECTOR	106. SIMP. 106. COUNTYQUEEN ANNE	10c. Ci7	3 RAS	OH40A	<b>P</b> LLE	E				10d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100-BOX AND NUMBER GRASONVILLE 101. ZIP CODE 1638							10gr CIT	10 ST CITIZEN OF WHAT COUNTRY?		
B	1 Marital Status 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. Was DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 F YES, GIVE WAR OR DATES	ABMED NO			ENDENT O cify Cuber 2 NO		IIC ORIGIN? (Specifi n, Puerto Rican, atc	NO or No-	14. RACE Black Speci	- American Indian, t, White atc.	
COMPLETED	(Specify only highest grade completed)	DECEDENT'S (Give kind of fe. Do NOT u	work done o se retired.)	CCUPATIO during mos	N t of workin	g	16b. KIND OF	SEAF			
BE CON	17. FATHER'S NAME (First, Middle, Lest) JOHN C. BAYNARD				18. <b>М</b> ОТН	LBA	MATHE	(den Sumame) WS			
TOE	199. INFORMANT'S NAME (TYPOSTIC) SAYNARD	BOX	ADDRESS 112	(Street ar	d Number ASON	or Aural F	loute Number, City or 1e m.d	Town, State, Zi 21638	p Code)		
	20c. METNOD OF DISPOSITION  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State								The second secon		
	21. SIGNATURE OF FINERAL SERVICE LICENSEE		22.1	NAME AND	LOORES	S OF FA	7/5	3/5	Do	IEK ST	
CERTIFICATION	ahock, pr heart failure. List only one cause on each lift IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSI	EOUENCE O	F):	ui.	7					Interval Between Onset and Daath	
MEDICAL	PART II. Other algnificant conditions contributing to death but not	resulting	In the unc	derlying	cause g	Iven In	PER	S AN AUTOPSY IFORMED? S 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 10 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER		CE OF DE	ATH (Che	ck only one)				
PHY	1 X YES 2 NO 1 1 Inpettent 2 ER/Outpattent  27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Dey, Year)  1 Natural 5 Pending (Month, Dey, Year)	28b. TIM	E OF URY	28c. INJU WOF	RY AT		28d. DESCRIBE HO			/MDUCK TMFA/	
TED BY	Natural   S   Pending   Investigation     O4-17-1993   7:40PM   1   YES 2X NO   RIDING BICYCLE/TRUCK IMFA     S   Suicide   8   Could not be determined   City or Town, State)   City or Town, State)   O4-17-1993   7:40PM   1   YES 2X NO   RIDING BICYCLE/TRUCK IMFA     288. LOCATION (Street and Number or Rural Route Number, City or Town, State)   City or Town, State)   HESS RD.   QUEEN ANNS CO, MD								nute Number		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, done) 2 MEDICAL EXAMINER: On the basis of axamination and/or	leath occurre	ed at the tir			and due	to the cause(s) and	manner as ata	led.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			T	29c. LICE	NSE NUM	BER			(Month, Day, Year)	
70	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITI	Ø 27) /=-	Dela-1		0.0	C.M	. Е	• 0	4-26	5-1993	
	THE CHOICE OF DEATH (III			n St	ree	t.	Baltimo	re. M	arv	land 21201	
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  34. Davidson—Registral										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after learn learn and be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the host of director page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Head RECEDENT'S EDUCATION   (Supply only highest growth completing)   Head RECEDENT'S SUBJECT (COLORATION   (Supply only highest growth colorage)   Head Receded (Fig. 1)   College (1-4 or 5 -1)		* REGISTRAR CERTIFICATE OF DEATH REG. NO.								
SOURCE SECURITY RAMEET S. S. S. S. S. A. AGE Dr. yn. and should be secured to the security of		TIAZET CHETTA REHETING MONTH ** 2 DAY 1 0 0 CEAR								
5.77-07-1064										
## 19 Amberleigh Lane		$577-07-1064$ 1 $\square$ M 2 $\square$ K 84 YRS. MONTHS DAYS HOURS MIN. Feb. 17, 1909 Pennsylvan								
Windows   Control   Cont	OR	# 19 Amberleigh Lane La Plata Charles								
Windows   Control   Cont	ទួ									
Windows   Control   Cont	DIRI	Maryland Charles La Plata Limits? Y No								
Windows   Control   Cont	ERAL									
St. DECEDENT'S EDUCATION   Step   College (1-4 or 5 - 1)   St. OFFICIENT'S INJURAL COCUMPTION   Step   College (1-4 or 5 - 1)   St. WISHES MANUE (Park ANDIO, Law)   St. WISHES MANUE (Park ANDIO,	BY FUR	IF YES, GIVE WAR OR DATES 1 YES 200 YNO Specify: Specify:								
TO DO THE BITTING  THE INFORMATION SAME (PSPPRING)  The INFORMATION SAME (PSPPRING)  The INFORMATION ADDRESS (Street and Manage of Plant Runabe, City or Town, Stein, 2g Code)  19 Amberleigh Lane, La Plata, Md. 20646  20. METHOD OF DISPOSITION  10 Burlet 3 Committed of 1 Removal from State  10 Burlet 3 Committed of Plant Runabe (Psp 7 Now), Stein, 2g Code)  10 Burlet 3 Committed of Plant Runabe (Psp 7 Now), Stein, 2g Code)  10 Burlet 3 Committed of Plant Runabe (Psp 7 Now), Stein, 2g Code)  20. METHOD OF DISPOSITION  10 Burlet 3 Committed (Psp 7 Now), Stein, 2g Code)  21. Supplation of Plant Runabe (Psp 7 Now), Stein All Code (Psp 7 Now),	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use material)  16b. KIND OF BUSINESS/INOUSTRY								
TO DO THE BITTING  THE INFORMATION SAME (PSPPRING)  The INFORMATION SAME (PSPPRING)  The INFORMATION ADDRESS (Street and Manage of Plant Runabe, City or Town, Stein, 2g Code)  19 Amberleigh Lane, La Plata, Md. 20646  20. METHOD OF DISPOSITION  10 Burlet 3 Committed of 1 Removal from State  10 Burlet 3 Committed of Plant Runabe (Psp 7 Now), Stein, 2g Code)  10 Burlet 3 Committed of Plant Runabe (Psp 7 Now), Stein, 2g Code)  10 Burlet 3 Committed of Plant Runabe (Psp 7 Now), Stein, 2g Code)  20. METHOD OF DISPOSITION  10 Burlet 3 Committed (Psp 7 Now), Stein, 2g Code)  21. Supplation of Plant Runabe (Psp 7 Now), Stein All Code (Psp 7 Now),	MPLE	Clerk/Typest ,Ret. U.S. Treasury Dept.								
JOSEPH J. Garrity  JOSEPH J. Gar										
20. MECHON OR DISPOSITION  10 Burdet 2 (A Cremention 3 Committed (Committed)  21. Signification 5 (Committed)  22. Signification 5 (Committed)  23. Signification 5 (Committed)  24. Signification 5 (Committed)  25. Will Committed (Committed)  26. LOCATION — City or Town, State  Waldorf, Md.  27. MARK AND ADDRESS OF FACILITY  AREHART — ECHOLS FUNERAL HOME, INC.  P. O. Roy 567 L.a Plata, Md. 20646  Approximate increase and the death. Do not entire the mode of dying, such ee cardiac or respiratory arrest.  AREHART — ECHOLS FUNERAL HOME, INC.  P. O. Roy 567 L.a Plata, Md. 20646  Approximate increase and the death. Do not entire the mode of dying, such ee cardiac or respiratory arrest.  AREHART — ECHOLS FUNERAL HOME, INC.  P. O. Roy 567 L.a Plata, Md. 20646  Approximate increase and the death. Do not entire the mode of dying, such ee cardiac or respiratory arrest.  AREHART — ECHOLS FUNERAL HOME, INC.  P. O. Roy 567 L.a Plata, Md. 20646  Approximate increase and the death. Do not entire the mode of dying, such ee cardiac or respiratory arrest.  AREHART — ECHOLS FUNERAL HOME, INC.  P. O. Roy 567 L.a Plata, Md. 20646  Approximate increase and the death. Do not entire the mode of dying, such ee cardiac or respiratory arrest.  Are the death of the death of the cardiac or respiratory arrest.  AREHART — ECHOLS FUNERAL HOME, INC.  AREH										
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AREHART -ECHOLS FUNERAL HOME, INC.  PO Box 567, La Plata, Md. 20646  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such excerding to present reliute. List only one cause on each line.  MMEDIATE CAUSE (Finel disease or condition)  resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  JOUR TO (OR AS A CONSEQ		20e. METHOD OF DISPOSITION  1								
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Accident   Investigation   2   Accident   S   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of resultation end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner se stated.   29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. OATE SIGNED (Month, Day, Year)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   W.G. W.G. W.G. W.G. W.G. W.G. W.G. W.	: ME									
Accident   Investigation   2   Accident   S   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of resultation end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner se stated.   29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. OATE SIGNED (Month, Day, Year)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   W.G. W.G. W.G. W.G. W.G. W.G. W.G. W.	A									
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2   Accident Investigation   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of resmination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated.  29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. OATE SIGNED (Month, Day, Year)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)   30. NAME AND A		(Month, Dey, Year) INJURY WORK?								
296. SIGNATURE AND TITLE OF CENTIFIER  296. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)  HATT PO BOX 1647  WG THE MONTH OF CENTIFIER  296. DATE SIGNED (Month, Day, Year)  197. WG THE MONTH OF CENTIFIER  296. DATE SIGNED (Month, Day, Year)	D BY	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
296. SIGNATURE AND TITLE OF CENTIFIER  296. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)  HATT PO BOX 1647  WG THE MONTH OF CENTIFIER  296. DATE SIGNED (Month, Day, Year)  197. WG THE MONTH OF CENTIFIER  296. DATE SIGNED (Month, Day, Year)	LETE	200 CENTIFIED								
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H Haff po Box 1647 Walter Md	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. OATE SIGNED (Month, Day, Year)								
	70									

3. TIME OF GEATH

1. DECEDENT'S NAME (First, Middle, Last)

REG. NO

2. DATE OF OFATH

YSICIAN: The law requires that the death certificate is foundation within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	near conneces filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	, or item 23 shows any injury, or other transmits and the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Deat, of Health and Mental Hydlene pre-	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other tra-

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020

YEAR 3 arie largare 07 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign St. Man 1 M 2 X F YRS. 04 9s. FACILITY NAME (If no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Meridia 2 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Charles Charlotte Hall 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 1, Box 214 20622 U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, Whits, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES. GIVE WAR OR DATES BY 3 Wildowed 4 Olvorced COMPLETED 1S. OECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) College (1-4 or 5+) House Wife At Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Theodore Herbert 0emma Moran Herbert BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20640 2 Hilda M. Herbert West Mt. Aventine Rd., Indian Head, Md. 1632 20s. METHOD OF CISPOSITION
1 Burlel 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State United Methodist Cem. 7/5/93 Dentsville, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE AREHART -ECHOLS FUNERAL HOME, INC. M00174 P.O. BOX 567, LA PLATA, MD. 20646 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ONSEQUENCE OF): vascular accident PHYSICIAN: MEDICAL CERTIFICATION Sequentielly ilst conditiona, if any, leading to immediate iabetes cause. Enter UNDERLYING CAUSE (Diseass or Injury that initisted events reaulting in death) LAST PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, atreet, tactory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADD MI WALDORF 31. DATE FILED STORM 06 Lulia Davidson

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OB ATTENDIAL DUVELOIAN The true secultars that death contisted by money and within 1770.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by the turneral direction of the state belt. Of Health and Mental Hygiene prior to burial, cremation, or remonal importants. If item 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF MARYL		PEPARTMENT OF I		MENTAL HYGIENE REG. NO.	93	20694
<del>JR</del>	JOHN	W.	BROMLEY,	JR.	2. DATE OF DEATH DAY 6 2.7	YEAR 93	3. TIME OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E 9	3 20694					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	au um	3. TIME OF DEATH					
	_ BROWLEY, JOHN V	JOHN	W. B	ROMLEY,	JR.	6 2	7 9	6:15 A M					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)					
	411-42-9597	<sup>1</sup> ⋈ <sup>M 2</sup> □ F 62	YRS.	HOWITHS DAYS	HOURIS MIN.	6/29/30		ennessee					
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN (	R LOCATION OF D	EATH	9c. COUNTY						
6	Perry Point V.A	A.M.C.		Perry	Point		Ce	ecil					
Perry Point V.A.M.C. Perry Point Ceci  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Cecil  Conowingo							10d. INSIDE CITY						
뜽ㅣ	Maryland (	ecil		owingo	20			LIMITS?					
								1 YES 2 X NO					
	97 McGlouthlin Road 21918 U.S.A.												
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14, RACE — Ameri							RACE — American Indian, Black, White, etc.					
BY F								Black, White, etc. Specify:					
0	3 Widowed 4 Divorced	1949–1	950					White					
Ш	15. DECEDENT'S EDI (Specify only highest grad	UCATION ie completed)	16a. DECEDENT'S L	erk done during mo		16b. KIND OF BU	SINESS/INDUSTI	RY .					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT use	,		., .	0. 1						
COMPL	17. FATHER'S NAME (First, Middle, Last)	0	CIVII	Service			. Govt.						
_		mlan				ME (First, Middle, Maiden							
BE	John Wesley Bro	ишеу	105 144 1100	DODESO (O		ie Cleo Da Route Number, City or Tow							
일	Mrs. Mildred J.	Prou						*					
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF			Conowingo	CATION — City	1918					
	1 NBurial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State Cer	netery, crematory or other ford Me	er placa)				·					
	21. SIGNATURE OF FUNERAL SERVICE L		arrord Me		D ADDRESS OF FA	O/30 AD	erdeen,	, Maryland					
	* Keriton	Au. 1/101	1. 1600	Tarri	ng-Cargo	Funeral H	ome, P.	Α.					
	10-03007	True une	usbei			yland 210							
	23. PART I. Enter the diseases, or shock, or heart fellure.	List only one cause on a	d the death, Do no each line.	t enter the mo	de of dying, suc	th as cardlec or resp	Iratory arreat,	Approximata Interval Between					
	IMMEDIATE CAUSE (Finel disease or condition	GT 017-G						Onset and Death					
	resulting in death)		OBSTRUCTI		DNARY DI	SEASE							
. 1	_	DOE TO (OH AS )	CONSEGUENCE OF										
HIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF)	:									
<b>8</b>	cause. Enter UNDERLYING	2											
	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	CONSEQUENCE OF)										
	resulting in death) LAST	d											
5	PART II. Other significant condition	na contributing to death t	sut not resulting in	the underlying	Cause alven In	Part I, 24a, WAS AN	AUTTOREN	24b. WERE AUTOPSY FINDINGS					
8				and amadiny my	Cause Street III	PERFO		AWAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDIC	/					1 _ YES :	Ø NO	OF DEATH?					
	/		·			- 1		1 TYES 2 NO					
Ž	25. WAS CASE REFERSED TO MEDICAL			26 DI	ACE OF DEATH /C	mak anti anti							
EXAMINER?  1 YES NO  HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)													
							NJURY OCCURE	0					
2	1 YES NO 27. MANNER OF DEATH	26a. DATE OF INJURY	27. MANNEW OF DEATH 28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  28d. DEŞCRIBE HOW INJURY OCCURED										
Y PHYS	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY	INJU		ES 2 NO		2 Accident Investigation 1 YES 2 NO						
9	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	/ — At home, farm, st	M 1 🗆 1		281. LOCATION (Street	and Number or Ro	iral Route Number,					
9	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	/ — At home, farm, st	M 1 🗆 1		281. LOCATION (Street City or Town, State,	and Number or Ru	inal Route Number,					
9	27. MANNET OF DEATH  1	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, st	M 1 1	)	City or Town, State,		iral Route Number,					
9	27. MANNEF OF DEATH  1	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, st	M 1 1	and place, and due	City or Town, State,	nner as stated.						
COMPLEIED BY	27. MANNEF OF DEATH  1	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe  SICIAN: To the best of my know ER: On the basia of axaministic	/ — At home, farm, st	M 1 1	and place, and dus	City or Yown, State, to the cause(a) and ma tima, data and place, an	nner as stated, id due to the cau	se(s) and manner as stated.					
BE COMPLETED BY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe  SICIAN: To the best of my know ER: On the basia of axaministic	/ — At home, farm, st	M 1 1	and place, and dus path occured at the 29c. LICENSE NUI	City or Town, State, to the cause(a) and ma tima, data and place, an	nner as stated, od due to the cau	se(s) and manner as stated.  NED (Month, Day, Year)					
COMPLEIED BY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe  BICIAN: To the best of my know  ER: On the basia of examination	INJU	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and place, and dus	City or Town, State, to the cause(a) and ma tima, data and place, an	nner as stated, id due to the cau	se(s) and manner se stated.  NED (Month, Day, Year)					
BE COMPLETED BY	27. MANNER OF DEATH  1	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe  BICIAN: To the best of my know  ER: On the basia of axaministic  ER  HO COMPLETED CAUSE OF DE	INJU  — At home, farm, sti  ledge, death occurred and/or investigation  ATH (ITEM 27) (Type, I	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and place, and due path occurred at the 29c. LICENSE NUI	City or Town, State, to the cause(a) and ma tima, data and place, an	nner as stated, od due to the cau	se(s) and manner se stated.  NED (Month, Day, Year)					
BE COMPLETED BY	27. MANNER OF DEATH  1	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe  BICIAN: To the best of my know  ER: On the basia of axaministic	INJU  Z—At home, farm, sti  Idega, dasth occurred and/or investigation  ATH (ITEM 27) (Type, I	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and place, and dus path occured at the 29c. LICENSE NUI	City or Town, State, to the cause(a) and ma tima, data and place, an	nner as stated, od due to the cau	se(s) and manner se stated.  NED (Month, Day, Year)					

1 -	FOR STATE REGISTRAR
	THE CHOTT WAT

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).	
	3	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
914		CHARLES E. BO	.VD				6 26	5 93	4:50 a. M
1 '		4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
9	- 8	212-22-5508	1 💢 M 2 🗆 F	66 YRS.	MONTHS: UAYS	HOURS MIN.	06/22/27		EL AIR, MD.
should	_1	So. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY C	
2, 3	5	DVA MEDICAL CENT	ER, FORT HOW	ARD, MD.	FOR	T HOWARD	)	BALTI	MORE
es .	E I	10e. STATE 10b. COUN	TY	10c, CIT	Y, TOWN OR LOCAL	TION			10d. INSIDE CITY
Pag.	DIRECTOR	MARYLAND	HARFORD		NGZON				LIMITS?
permit. Pages 1,		10e. STREET AND NUMBER	ERG OIL	1201		f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
-25	EB.	3110 WHITE OAK DI	RIVE			21009		1	J.S.A.
215-0020 attending physician. se as the burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			CENDENT OF HISPAL	NIC ORIGIN? (Specify Ye	s or No.— 14. F	RACE — American Indian, Black, White, etc.
5-0020 nding physic is the burial	BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 X NO Specif	iri, Puerte Rican, etc.) y:	200	Specify:
15-0 tending as the	60	15. DECEDENT'S ED	WWII & KOI				Towns and the second		BLACK
5		(Specify only highest grad	le completed)	(Give kind of life. Do NOT u	USUAL OCCUPATE work done during mo se retired.)	ost of working	166. KIND OF BU	JSINESS/INDUSTR	N
ND 2 hospital ached for	2	Elementary/Secondary (0-12)	College (1-4 or 5+)	R	ETIRED		МТ	LITARY	
the hospit detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider		
RYL ed by the uld be of at o	В	JOHN L. BOND					A BOND		
MARYLAND 2: retained by the hospital of 5 should be detached for notified at once.	0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox	vn, State, Zip Code	)
5 5 5	F	CLINICAL RECORI	)S	9600	NORTH PO	INT ROAD	, FORT HOW	ARD, MA	RYLAND 21052
H. T.		20a. METHOD OF DISPOSITION  1 XBuriel 2 Cremation 3 Rec		0b. PLACE AND DATE		ame of	OATE 20c. LO	DCATION — City o	or Town, State
SC )		4 Donation 1 Other (Specify)			ary UAN		6-3b A	berdee	n, MD
de de la haminer examiner		21. SIGNATURE OF FUNERAL SERVICE I	PEHSEE /	/		NO ADDRESS OF FA	d Funera	1 Corr	ico
BAnours after ded in by the function or removal.		Mary lu	Mel		P.O.	Box 18	8 Havre	de GRa	ce, MD
		23. PART I. Enter the diseases, or	complications that cause on	ed the death. Do	not entar tha mo	ode of dying, suc	h se cardiac or resp	olratory arrest,	Approximate
		IMMEDIATE CAUSE (Final							Interval Between Onset and Death
hin tely matis		disease or condition resulting in death)	CANCER OF I	FLOOR OF	MOUTH WI	TH METAS	TESIS TO I	LUNGS	
		TOTAL PORT OF THE PROPERTY OF	OUE TO (OR AS	A CONSEQUENCE O	F):				
687 and con burial, natic e	ON	Sequentially list conditions,	b	A CONSEQUENCE O					
or to	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS	A CONSEQUENCE O	<del>*</del> ):				
e phy	FIC	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE O	f):				
O - ET B	H	resulting in death) LAST							
(7)	R	DARK II Oshan significant and list							
A and at A	DICAL	PART II. Other significant condition	ins contributing to deeth	but not resulting	In the underlyin	g ceuse given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
4 8 5 7	ă	CACHEXIA					1 YES	2 XNO	COMPLETION OF CAUSE OF DEATH?
RECC requires been signe t. of Health	ME						_		1 TES 2 TNO
e law has b Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	T		26 DI	LACE OF DEATH (Ch	and only one)		
OF VITAL PHYSICIAN: The law this certificate has to with the State Dept rked, or Item 23	SC	EXAMINER?  1  YES 2 NO	HOSPITAL: 1 XInpatient 2 ER/Ou	ringilant 3 D DOA	OTHER:				
the the	PHY	27. MANNER OF OEATH	28e. DATE OF INJURY	Y 26b. TIN	E OF 28c. INJ	JURY AT	8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURE	0
NG PHYSIC fler this cer eath with th		1 X Natural 5 Pending	(Month, Day, Year)	IN.	JURY WO	YES 2 NO			
O D K D W	BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUS	RY — Al home, farm,	atreet, factory, offic	•	281. LOCATION (Street	end Number or Ru	ural Route Number,
DIVISION OR ATTENION DIRECTOR: hours after item 28 is	COMPLETED	4 Homicide determined	building, etc. (Sp	эвспу)			City or Town, State	,	
DIV OR A DIREC	빌	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kno	wiedge, death occurr	ad at the time date	and place, and due	to the cause(s) and me	anner se stated	
PITAL FRAL T. #	M	anal	IER: On the basis of examinat						sae(e) and manner as stated,
FUN Withi		29b. SIGNATURE AND TITLE OF CERTIFIC		-		29c. LICENSE NU			
TO THE HOSPITAL ( TO THE FUNERAL DE FIEM WITHIN 72 IN IMPORTANT: If IN	BE		Storm	_		D 305		. 11	NED (Month, I Day, Year) 26 92
F E 2 3	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	, Print)	1) ) )			15,
						ROAD. FO	RT HOWARD,	MARYT A	ND 21052
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE					110 21002
		MW 29'93	M. P. a Davidsor	-gandell					

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 kg to be expend by the hospital or attending physician.	d in by the funeral of those, page 5, now the detached for use as the burist-transit permit. Pages 1, 2, 3 should or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 km to require by the mapped or attending to the control of the contro	U TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral difference man after one as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAN				CERTIF	ICALE	Ur	DEA	111	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH										OF DEATH				
		BY	J.	C	LITES	<u>ITES</u> JUNE					27. 1993 4:22 PM				
	4. SOCIAL SECURITY NUMBER	ER	5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	(RTN (Mar)		8. BIRTN Countr	PLACE (SI	ate or Foreign
	214 07 2		1 M 2 K	75	YRS.	MONTHS	06-17-19					18 WV"			
	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY						INTY OF D	EATN		
ē	MEMORIAL HOSPITAL					CUMBERLAND AL						LLE	ANY		
ឆ្ន	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY														
DIRECTOR	MD Allegany					10c. CITY, TOWN OR LOCATION								10d. INSI LIMI	TS?
	100. STREET AND NUMBER					Cumberland						122	1 TYES 2 KNO		
FUNERAL	And the second s					101. ZIP CODE 21502					10g. CITIZEN OF WHAT COUNTRY USA				NTRY?
¥	Route 3 Box 203Ä-Bedford Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARI					40.1	W 0 DE0								ALL DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE L
	1 Never Married 2 X	Married	FORCES? 1	YES 2	X NO		f yes, sp	ecify Cubs	n, Maxican	C ORIGIN? (Sp , Puerto Rican,	etc.)	or No-	14. RACE Black	E — Americ c, White, e	cen Indian, lc.
B	3 Widowed 4 Divor	ced	IF YES, GIVE W	AR OR DATES		1	YES	2 ZNO	Specify:				Speci	"w whi	.te
COMPLETED	15. DECE	DENT'S EDUC	CATION	16a	OECEDENT'S	USUAL OC	CCUPATIO	DN .		16b. KIND	OF BUS	INESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0-	highest grade	College (1-4 or 5 +	,	(Give kind of a life. Do NOT us	vork done o se retired.)	during mo	st of working	ng						
₽ I	unknown				form	er er	mplo	yee			text	ile			
Ö	17. FATHER'S NAME (First, Mic	ddle, Last)						18. MOTI	NER'S NAM	E (First, Middle	, Meiden S	Sumame)	- :		
BE (	Amos Be	ennett							Mae	Pyle					
10	19a. INFORMANT'S NAME (Ty	pe/Print)			19b. MAILINO	ADDRESS	(Street a	nd Number	or Rural Ro	oute Number, Ci	ty or Town	, State, Zi	p Code)		
F	Mr. Earl	Clites	S		Rotu	e 3 E	30x	203A	Cumb	perland	d, M	21	502		
	20a. METNOD OF DISPOSITION 1 X Burial 2 Cremation	ON ON		20b. PLA	CEANDDATE	OF DISPOS	ITION /Na	me of		OATE	20c. LOC	ATION -	City or To	wn, Stata	
	4 Donation 5 Other		DVIII TOTIL STATE	Sur	iset Me	ther place).	al 1	Park		6-30	C	umbe	erlan	d, M	D
- 1	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		1,				SS OF FAC						
	b (1/0-0	7	de	110	111.					meral		3			
	23 PART Finter the dis	7)	omplications that	V 94)	1/1/5		Cum	berla	and,	MD 215	502				
ŀ	23. PART Enter the dis shock, or ha	ert fallura. I	List only one cau	se on aach	Ilna.	121	A	5719	TIC	ss cardiac i	or reapir	atory ar	reat,		proximata Irvai Batween
	IMMEDIATE CAUSE (Fine disease or condition	ni .	TOM	ICTI	DNA	17	CI			BLA				On	set and Death
	resulting in death)	-	11411	9/1/0	11114	-0				راسار					
_	100:	4011	79/10	SHI	SEGUENCE OF		46	4	112	11/1	121	DI	mi	عراء.	14
CERTIFICATION	Sequentially ilst condition	ona,	DUENO	OR AS A CON	SEQUENCE	7:	ICA	1-6	501	Very -	001		700	140	
¥	if sny, leading to immed cause. Enter UNDERLYIN	NG	KE	MA	E	916	VI	ZE						į	
트	CAUSE (Disease or injur that initiated events	y 🄰 ʻ	OUE TO	OR AS A CON	ICEOUTHOE OF	-			~1					-	-
토	resulting in death) LAST		CK	+1)-	c K	M	15	11/10		IS	CH	EI	711	2	
	d. 01/0 6 1/11/0.c. (400/61/17)														
EDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PROPERTY AND ADDRESS TO A DATE OF THE PROPERTY PROPER														
8	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE														
ME	ABROGRINAL WOUND DEHISCENCE 1 VES 2 ( NO )														
ä	5/	P	RADIO	176	- 44	57	1-2	M	MY						
8	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL					ACE OF O	EATH (Chec	k only one)					
PHYSICIAN:	1 TYES 2 10		HOSPITAL:	ER/Outpation	t 3 🗆 DOA	OTHER: 4 □ Nursing Nome 5 □ Realdence 6 □ Other (Specify)									
Ŧ	27. MANNER OF DEATN		28a. DATE OF (Month, Da	INJURY ry, Year)	28b. TIM	E OF URY	28c. INJ	URY AT		28d. DESCRIB	E HOW IN	JURY OC	CUREO		
BY	1 Natural 5 P	ending westigation				M		ES 2	] NO						
9	3 Suicide 8 C	ould not be	28e. PLACE Of building.	F INJURY — A	I home, farm, a	treet, facto	ory, office			281. LOCATION City or Tow	(Street ar	nd Numbe	r or Rural R	loute Numb	er.
Ë I	4 Homicide d	elermined								City or low	in, Qualty				
2	290. CERTIFIER (Check only	FYING PNYSIC	CIAN: To the best of	my knowledge	, death occurre	d at the ti	me, date	end place,	end due to	o (he cause(a)	and mann	or an sta	ted.		
COMPLET			R: On the basis of ax											) and man	ner as stated.
		DE CERTIFIER							NSE NUME		Т	29rl (DAI	- /	Ottome of	Mari
B	Vers!	m	lan	17				01	37	69		Z	10	4/0	23
2	30 NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	E OF DEATH	ITEM 27) (Type	Print)		//	-/	-/		-	/-	/	
	OR JAMI		VER		RIAL		TTA	1	C1134	DEDLA	MD		D. V.	115	
	31. DATE FILED (Month, Day, Y	bar)	32. REASTRA	RUTANDIE E'R		1037	IIA	<u>L</u>	CUM	BERLA	עעו,	MA	KYLA	MD	21502
	JUN 3	0 1993	- Jack	Sinis.	More	•									90

	21215-0020	attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should		
(	0, BALTIMORE, MARYLAND 21215-0020	ithin 24 hours after death. Page 6 may be retained w the book	emation, or removal.	int, the medical examiner must be notified at once.	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained with attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the property use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR	RTIFICAT	E OF	DEATH		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH		2723	3. TIME OF DEATN			
	BRIDGET Dolores CUI	LLEN			JUNE	29,	1993	YEAR	12:32 A. M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		1000	e BIOTN	PLACE (State or Foreign			
	212-18-1273 1 DM 2 XF 73	YRS. MONTHS	DAYS	HOURS MIN.	(Month, I	25 /	919	Countr	"Md.			
	9a. FACILITY NAME (If not institution, give street and number)	9b. CIT	Y, TOWN C	R LOCATION OF D	EATN	1	9c. COUN	TY OF D	EATH			
DIRECTOR	MEMORIAL HGSPITAL & MEDICAL CENTER CUMBERLAND ALLEGANY RESIDENCE OF DECEMENT											
REC	10a. STATE 10b. COUNTY	10c. CITY, TOWN		ion			-		10d. INSIDE CITY LIMITS?			
	Md Hlegary	Midle	and						1 X YES 2 NO			
FUNERAL	10o. STREET AND NUMBER		101	ZIP CODE			10g. CITIZ	ZEN OF W	YHAT COUNTRY?			
Ä	RAILROAD ST.			21542	,			45A	4			
ᆵ	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARM FORCES?  1 YES 2 No.		WAS DEC	ENDENT OF NISPAI	NIC ORIGIN?	(Specify Yes	or No-	14. RACE	— American Indian,			
11. MARITAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO If yes, apecify Cuben, Mexican, Puerto Rican, atc.)  13. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuben, Mexican, Puerto Rican, atc.)  14. RACE Blace Specify  15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO If yes, apecify Cuben, Mexican, Puerto Rican, atc.)												
	15. DECEDENT'S EDUCATION 18a. DEC	EDENT'S USUAL O	CCUPATIO	)N	16b. K	IND OF BUS	INESS/IND	USTRY	24//8			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (D-12)  To Help (1-4 or 5+)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)												
MP.	11 0 Pas	Yral Ser	·VIC	e		MA	11					
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Mid	die, Maiden	Surname)					
BE	John Cullen			Mary	BI	4501						
0	19e. INFORMANT'S NAME (Type/Print)	MAILING ADDRES	S (Street a	nd Number or Rural	Route Number	City or Town	n, State, Zip	Code)	1 0			
	20a, METHOD OF DISPOSITION 200 PLACE ALL	5820	1/21	vellyn,	Ave 1	Fawl	NOS.	Md	21557			
	200. FEACEA	ND DATE OF DISPOS natory or other place	SITION /Na	me of	SATE 192	20c. LO	CATION —	City or To	wn, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22.	NAME AN	D ADDRESS OF FA	CILITY	140	אשטדונ	14	IId.			
	Do 5 mkg	E		D KDORESS OF FA	Kenz	11e /	ywerm	1770	me.			
	23. PART I. Enter the diseases, or compile tions that caused the dae	th. Do not enter		de of aving, suc	h as cerdia	c or resolu	ratory arm	ant	Approximate			
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final			ajg,		o or reapi	atory arr	owt,	intarval Between			
	disease or condition	U Cancia							Onset and Death			
	resulting in death)  a  DUE TO (OR AS A CONSEQUENCE OF AS	JENCE OF):	non	1		-						
z												
일	if any, leading to immediate	JENCE OF):										
2	CAUSE (Disease or Injury C.											
	that initiated events  resulting in death) LAST	JENCE OF):										
빙	d											
1	PART ii. Other significent conditions contributing to deeth but not re	sulting in the ur	nderlying	ceuse given in	Part i. 2	a. WAS AN		24b.	WERE AUTOPSY FINDINGS			
DICAL	COPP				_   1	PERFOR	1	1	AMILABLE PRIOR TO COMPLETION OF CAUSE			
	VEQ.						7		OF DEATH? 1 YES 2 NO			
z					_							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Ch	eck only one)							
KSI	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3	DOA 4 Nur		5 Residence	8 Other (S	Specify)						
PHYSICIAN: ME	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJI WO		28d. DESCR	IBE HOW IN	JURY OCC	URED				
à l	2 Accident Investigation	M		ES 2 NO								
									oute Number,			
	29a. CERTIFIER											
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my anowledge, deaf one) 2 MEDICAL EXAMINER: On the basis of examination and/or in	th occurred at the t	ime, data colnion, de	and place, and due	time date an	(a) and man	ner as atate	d.	and manner on stated			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN		T						
BE	O'luth la			D 36766		- 1		20	(Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		טטוטע ע				,	1)			
	Dr. Vik Poonai, 955 Frederick Str		nber.	land, MD	21.5	502						
	31. DATE FILED (Month, Day, Year) 32. Fig. 13 MARI'S SIGNATURE	ul							12			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARTINAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned by the forestant or attending physician.	he mained by the noments or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and the three of the use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	e 5 street en treated to use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	s notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

					OLITI.	1 10/11		DEA			EG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 07 1 93 8:35 a M														
			1										93		
	4. SOCIAL SECURITY NUME	BER	5. SEX		rs. lest birthde	y) IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH			BIRTNPLACE (State or Foreign Country)		
	231-20-264	1	1 🗆 M 2 💢 F	68	3 YRS	. MONTAG	NTHS DAYS HOURS MIN. 04-05-1925					WV	,		
_	9a. FACILITY NAME (If not in								NTY OF DEATN						
9	MEMORIAL HOSPITAL, CUMBERLAND					CUMBERLAND, MD ALI					LEGA	NΥ			
DIRECTOR	RESIDENCE OF DEC	40- 4	0c. CITY, TOWN OR LOCATION												
E	MD 106. STATE 106. COUNTY Allegany					Oldte		TION						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	AI.	regarry			Oldu								1 YES 2 NO	
RA	Route 1 H	157	7				10	215					IZEN OF W	HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	SOX 13	12. WAS DECEDEN	T 53.000 111.11											
	1 Never Married 2	Married	FORCES? 1	YES 2	2 🔼 NO	13	If yes, sp	pecify Cuba	n, Maxicar	IC ORIGIN? (S	pecify Yes i, etc.)	or No-	Black	— American Indian, White, atc.	
BY	3 Widowed 4 Divo	rced	IF YES, GIVE W	WAR OR DATE	S		1   YES	2 <b>≧</b> NO	Specify				Specif	white	
E		EDENT'S EDUC		16	a. DECEDENT					16b, KIN	D OF BUS	INESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	·)	life. Do NOT	of work done use retired.		ost of working	g						
P.	unknown				hom	emake	r			1	own	home	5		
COMPLETED	17. FATNER'S NAME (First, M	iddle, Last)						18. MOTI		ME (First; Middle		Surname)			
BE (	Thomas	Props	t						Lott	tie Pro	opst				
2	19a. INFORMANT'S NAME (7				19b. MAILI	NG ADDRES	S (Street	and Number	or Rural R	loute Number, C	ity or Town	n, State, Zij	p Code)		
F	Mr. Ray V	V. Call	houn		Rou	te 1	Box	157 (	Oldto	own MD	215	55			
	20a. METNOD OF DISPOSIT		mel from State	20b. PL	ACE AND DAT	EOFDISPO	SITION (N	ame of		OATE			City or Tov		
	1 XBuriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)					lemor	ial	Park		7-3 Cumberlar			erland	nd, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22	NAME A	ND ADDRES	S OF FAC	YTUE	Ucm	^			
,	Dom	os t	1 / Can	.00.			Cim	perla	and.	neral MD 21	.no 502	=			
	23. PART I. Inter the di	seeses, or c	omplications that	t caused th	e deeth. De	not ente						ratory ar	rest.	Approximata	
	MACHINE CAUSE (Fir	eart fellure.	List only one ceu	se on eech	line.					V-0100000		and the sec		Interval Between Onset and Death	
	disease or condition		10	11-	ner	n ! h .				1.07				Oliset and Death	
ì	resulting in death)	•	OUÉ TO	(OR AS A CO	NSEQUENCE	0F):	TOR	7 5	-146	UKG	/				
z			DUE TO	CREAC	GO T	A)TP	+00	ANIC	M	TEN	clas	۲.			
CERTIFICATION	Sequentially list condition if any, leading to immediate	ons, diete	DUE TO	(OR AS A CO	NSEQUENCE	OF):		,,,,,,,		(6,0)	3/00				
2	CAUSE (Disease or inju	NG Z	c IN	DUE TO (OR AS A CONSEQUENCE OF):											
H	that initiated events resulting in deeth) LAS		DUE TO	(OR AS A CO	NSEQUENCE	OF):	,								
<b>E</b>	resulting in deetin LAS		d												
	PART II. Other significe	nt condition	s contributing to	death but i	not resultin	g in the u	nderlyin	g cause c	lven in f	Part I. 24a	WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
EDICAL			AGEN						PERFORMED?			2.40.	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
			762.0	113	erco-					—   ¹º	YES 2	ZHO		OF DEATH?	
≥														1 NES 2 ATO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF D	EATH /Cha	ck only one)					
Sic	EXAMINER?		HOSPITAL:	FR/Outpatie	od 3 □ DOA	OTHE	R:								
Ħ	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. T	IME OF	28c, IN.	IURY AT	sidence (	8 Other (Spi		LJURY OC	CURED		
		Pending	(Month, D	ay, Year)	- 31	NJURY	WC	PRK?	NO	284. DESCRIBE HOW INJURY OCCURED					
BY	2 - 6-4-44-	Could not be	28a. PLACE O	F INJURY —	At home, terπ	, street, fac	tory, offic			28f. LOCATION	V (Street a	nd Numbe	r or Rural Ro	oute Number.	
E I		determined	building,	atc. (Specify)						City or Tox	vn, State)				
S Could not be determined building, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my one									50.00731	CONTRACTOR OF THE PARTY OF THE					
Ž															
20 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) at 296. SIGNATURE AND TITLE OF CERTIFIER															
8	AND STATE AND THE	OF CERTIFIER	8 200	-					NSE NUM	BER		29d. DAT	E SIGNED	Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM OT C	no Owi-st		D2	3334				1/1	193	
	DR. DINESH						MD	215	56						
	31. DATE FILED (Month, Day,		200	D'S SIGNATII	DE	,									
	JUL 06		Field.	in	-Anna										

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)		<del></del>			2. DATE OF DEATH	av	3. TIME OF DEATH
		MARGARET	MILLER	COLGAN			6 2	1993	3:30 P M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthdey)	IF UNDER 1 YEAR		7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
_		219-34-7512	1 □ M 2 ☑ F 8	7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/09/190	6 Was	hington, DC
3 should	- 1	9a. FACILITY NAME (If not institution, give s	treet and number)	1.9	96. CITY, TOW	N OR LOCATION OF OR		9c. COUNTY OF	0
65 80	8	3012 Trinity Driv	e	_	Bowie			Prince	George's
1, 2.	DIRECTOR	RESIDENCE OF DECEDENT						TTIMEE	George S
ages		10a. STATE 10b. COUNT			Y, TOWN OR LOC	CATION			10d. INSIDE CITY LIMITS?
H.			e George's	Che	verly				1 K YES 2 NO
per	Ĭ.	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
n. ansit	買	2703 Lake Avenue				20785		U.S.A	
physician. burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES			ECENDENT OF HISPAN specify Cuban, Mexica	IIC ORIGIN? (Specify Ye	or No- 14. RA	CE — American Indian, ck, White, atc.
e br	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ES 2 NO Specify		Spe	nolfy:
attending ise as the			<u> </u>					l C	aucasian
att	밑	15. OECEDENT'S EOU (Specify only highest grade	completed)	18e. DECEDENT'S (Give kind of	vork done during .		16b. KIND OF BU	SINESS/INDUSTRY	
12	اتا	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us			Topol		
	COMPLETED			Secreta	ГУ		Legal		
3 E		17. FATHER'S NAME (First, Middle, Last)				1	ME (First, Middle, Maiden		
2 g g	띪	C. Roland Ellis					Mary Mille		
s should notified	임	19a. INFORMANT'S NAME (Type/Print)					Noute Number, City or Tow		7715
y be		Eugene J. Colgan					owie, Mary		0715
beath. Page 6 may be funeral director, page xaminer must be		1 X Burial 2 Cremation 3 Ram		DELACE AND DATE ( Detary, crematory or or or SUTTECT)				CATION — City or	
0 5		4 Donation 5 Other (Specify)		esurrect				nton, Ma	iryiand
death. Page the funeral direct.		100.0	1 RDM	11 -	Fran	and address of faction	ts Sons Fu	neral Ho	ome. P.A.
or dea		· Clarles-	t. 1seel	4/					, MD 20781
24 hours after of filled in by the on, or removal.		23. PART I. Enter the diseases, Dr	complications that cause	the deeth. Do r	ot enter the n	node of dying, suci	ss cardlec or reep	ratory erreet,	Approximate
hour led ir.		IMMEDIATE CAUSE (Final	List only one cause on e	sch line.		$\sim$			Interval Between Onset and Death
within 24 pletely fill cremation,		diseese or condition resulting in deeth)	- Clla	1120	1.10	1 (D)	Na DA	tra	
		resulting in death)	DUE TO (OR IS A	CONSEQUENCE OF	7:			Voca	
ocrificate be executed noting physician and con Hygiene prior to burial, or other traumatic et	z		a CH	=					24
an ar	E	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	7):				
hysici prio	2	cause. Enter UNDERLYING CAUSE (Disease or Injury	· ASAL	7 .					2 4
h certificate anding physi Hygiene pri or other to	쁘	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:				
= 0 -	CERTIFICATION	resulting in death) CAST	d						
that the death certificate be to ed by the attending physician th and Mental Hygiene prior trauny injury, or other traun		PART II. Other eignificent condition	s contributing to deeth b	ut not reculting	n the underly	ing cause given in	Part I. 24s. WAS AN	AUTOPSV 24	b. WERE AUTOPSY FINDINGS
and by	DICAL			•			PERFO	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 YES 2	Q-NO	OF DEATH?
9 o e e	ME								1 TES 2 NO
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL					1		
2 6 8					OTHER:	PLACE OF DEATH (Che			
: The last tate has state De	$\frac{1}{2}$	EXAMINER?	HOSPITAL:				0 Dah (0// )		
ician: The la sertificate has the State De or Item 2	IYSICI	EXAMINER?	1 Inpetient 2 ER/Outp			oma 5 Realdence			
PHYSICIAN: The law this certificate has I with the State Dept well, or Item 23	PHYSICIAN:	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH		28b. TIM	E OF 28c. I	NJURY AT YORK?	28d. OEŞCRIBE HOW I	NJURY OCCURED	
iNG PHYSICIAN: The li vafter this certificate has leath with the State De marked, or Item 2	BY PHYSICI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 D Natural 5 Pending Investigation	1   Inpatient 2   ER/Outp	28b. TIM	E OF 28c. II	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW I		
TENDING PHYSICIAN; The Is OR; After this certificate has fifer death with the State De 18 Is marked, or Item 2	ED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending	1 Inpetient 2 ER/Outp	28b. TIM INJ	E OF 28c. II	NJURY AT WORK? YES 2 NO			Route Number,
OR ATTENDING PHYSICIAN; The Is INTECTOR: After this certificate has burs after death with the State Deem 28 is marked, or item 2	ETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	E OF 28c. II URY M 1 C	NJURY AT WORK?  YES 2 NO	28d. OESCRIBE HOW I 281. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State tom 28 is marked, or item	ETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	E OF 28c. II I I I I I I I I I I I I I I I I I	NJURY AT WORK?  ] YES 2 NO  Itica  Ita and place, and due	28d. OESCRIBE HOW I 28f. LOCATION (Street. City or Town, State) to the cause(s) and mai	and Number or Rural	
TAL OR ATTENDING PHYSICIAN: Th AL DIRECTOR: After this certificate 72 hours after death with the State If Item 28 Is marked, or Item	ETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	E OF 28c. II I I I I I I I I I I I I I I I I I	NJURY AT WORK?  ] YES 2 NO  Itica  Ita and place, and due	28d. OESCRIBE HOW I 28f. LOCATION (Street. City or Town, State) to the cause(s) and mai	and Number or Rural	
TAL OR ATTENDING PHYSICIAN: Th AL DIRECTOR: After this certificate 72 hours after death with the State If Item 28 Is marked, or Item	E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the best of my know) R: On the best of examination	— At home, farm, s	E OF 28c. II I I I I I I I I I I I I I I I I I	NJURY AT WORK?  ] YES 2 NO  Itica  Ita and place, and due	281. LOCATION (Street City or Town, State) to the cause(a) and mailtime, date and place, er	and Number or Rural oner as stated. d due to the cause 29d. DATE SIGNE	(e) and manner as stated.  D (Month, Dey, Year)
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State tom 28 is marked, or item	BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	1   Inpatient 2   ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Special Control of the best of my known) R: On the best of examination	At home, ferm, s	E OF URY M 1 Career, factory, of at the time, den, in my opinion.	NJURY AT YORK?  YES 2 NO  Notes and place, and due, death occured at the	281. LOCATION (Street City or Town, State) to the cause(a) and mailtime, date and place, er	and Number or Rural oner as stated. d due to the cause 29d. DATE SIGNE	(e) and manner as stated.
THE HOSPITAL OR ATTENDING PHYSICIAN; The THE FUNERAL DIRECTOR; After this certificate fied within 72 hours after death with the State PORTANT; If Item 28 is marked, or Item	E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	1   Inpatient 2   ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Special Special	28b. TIM INJ  —At home, farm, a ledge, death occurrent and/or investigation  ATH (ITEM 27) (Type,	E OF URY M 1 1 careef, factory, of at the time, de m, in my opinion.	NJURY AT WORK?  YES 2 NO  Note and place, and due, death occured at the	28d. OESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) and mai time, date end place, en	nner as stated. d due to the cause  29d. DATE SIGNE  June	(e) and manner as stated.  D (Month, Dey, Year)
THE HOSPITAL OR ATTENDING PHYSICIAN; The THE FUNERAL DIRECTOR; After this certificate filed within 72 hours after death with the State PORTANT; If Item 28 is marked, or Item	BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	1   Inpatient 2   ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Special Special	at home, farm, a ledge, death occurrent and/or investigation ATH (ITEM 27) (Type, 1438 Def	E OF URY M 1 1 careef, factory, of at the time, de m, in my opinion.	NJURY AT WORK?  YES 2 NO  Note and place, and due, death occured at the	28d. OESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) and mai time, date end place, en	nner as stated. d due to the cause  29d. DATE SIGNE  June	(e) and manner as stated.  D (Month, Dey, Year)  22, 1993

BALTIMORE, MARYCAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR
1	-	STATE
•		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CENTIFI	CALE	OF DEATH		REG. NO.				
1 3	1	. DECEDENT'S NAME (First,							2. DATE OF MONTH	DEATH	v	YEAR 3.	TIME OF DEA	тн
		Yook J							June	2			3:25	Рм
		. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr.	s. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF (Month, D			8. BIRTHPLA Country)	CE (State or F	oreign
		214-92-176		1 🗆 M 2 💢 F	9	1 YRS.	arontine of	TOORS WIN.	Dec.		901	CHI	NA.	
~	1.	a. FACILITY NAME (If not in:	stitution, give st	reet and number)				WN OR LOCATION OF	DEATH		9c. COUN	TY OF DEATI	1	
0	L	Magnolia (	Garde	ns Nurs	ing F	Iome	Lanha	am, MD			Pri	nce (	Georg	es
DIRECTOR		On, STATE	10b. COUNTY				TOWN OR L	OCATION				100	I. INSIDE CIT	,
1 5	1	Maryland	Prin	ce Geor	aes		eenbe						LIMITS?	
		De. STREET AND NUMBER		0002	500			101, ZIP CODE		1 YES 2 N			NO	
EB		109 Tamar:	isk C	ourt				20770			7	INA		
FUNERAL	1	1. MARITAL STATUS		12. WAS DECEDEN	EVER IN U.S	J.S., ABMED 13. WAS DECENDENT OF HISPANIC OR				Specify Yes		14. RACE —	American Indi	an,
BY F		Never Married 2 Divoid		FORCES? 1 IF YES, GIVE W				s, specify Cuban, Mexic YES 2 X NO Speci		in, etc.)		Black, WI Specify:	ilte, etc.	
		,							CHI	NESE				
ETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed)				Give kind of w	ork done durin	PATION og most of working	16b. KI	ND OF BUS	INESS/INDU	ISTRY		
12		Elementary/Secondary (0-	College (1-4 or 5 +	)	Homemaker									
COMPL		7. FATHER'S NAME (First, Mi	(ddle I set)	0		пОш	emake							
E C		Pui Pant Chew						18. MOTHER'S N.	k Chai		Surname)			
8	11	De. INFORMANT'S NAME (Ty	196 MAILING	ADDRESS /Sh	reet and Number or Rural			State Tin (	Contol	·				
TO BE	11	Donna Chir						isk Ct.,					770	
5	20	De. METHOD OF DISPOSITION	ON	et castura	20b. PLA	CEANDDATEO			OATE	_		ity or Town,		
THE STATE OF THE S		□ Burial 2 □ Cremation □ Donation 5 □ Other		rval from State	- minimoton	committees or att	or pleant	Garden						
	2	SIGNATURE OF PURERAL	. SETYICE LIGH	ENGEE	/	14000	22. NAM	RE AND ADDRESS OF FA	ACILITY	1 114.		our 9	111	
	1	De Sie	61nX	Xo	./_	_							WD 2	0704
	1 2	3. PART I Enter the di	seases or o	omnlications that	caused the	deeth Do n		13 Annapo						
	1	anock, or ne	eart failure. L	ist Dhly one cau	se on aech	ilna.	or enter the	mode or dying, suc	on as cardied	or respir	atory arre	et,	Approxim	atween
	0	IMMEDIATE CAUSE (Finel disease or condition resulting in death)											d Death	
,	1	oue TO (or AS A CONSEQUENCE OF):												
				acc	inato	in	Pro.	monie				į		- 4
CATION	disease or condition resulting in death)  a. Candio pulm on an Current  OUE TO (OR AS A CONSEQUENCE OF):  b. Cispiration Presmonia  Due 10 (OR AS A CONSEQUENCE OF):													
CERTIFICATION	0	suse. Enter UNDERLYII	NG	as	tro	202								
H	ti	hat initiated events esuiting in death) LAST		DUE TO	OR AS A CON	ISEOUENCE OF)	*							
H	1	esulting in death) LAST												
	P	ART II. Other significar	nt conditions	contributing to	death but n	ot resulting in	the under	lying cause given in	Part I. 24	a. WAS AN A	WTOPSY	24b, WEI	RE AUTOPSY F	INDINGS
DICAL C						PERFORM	MED?	AA	LABLE PRIOR	TO				
									— ¦'	YES 2	XNO		DEATH?	
N: MEC								· · · · · · · · · · · · · · · · · · ·	_				YES 2	10
IAN	25	. WAS CASE REFERRED TO	MEDICAL				2	6. PLACE OF DEATH (C)	heck only one)					
SICI/		EXAMINER?		HOSPITAL: 1   Inpatient 2	ER/Outpatien		OTHER:	Home 5 - Rasidence	8 Other (S	pecify)				
	11	MANNER OF DEATH		28a. DATE OF (Month, De		28b. TIME	OF 28c	INJURY AT WORK?	28d. OEŞCR		JURY OCCL	REO		
T .	21	Matural 5 F	. 40	(month, pe	y, rousy	lino.		YES 2 NO						
зу РНУ	1		Pending nvestigation		2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — Al home, larm					28f. LOCATION (Street and Number or Rural Route Number,				
D BY PH	2	2 Accident II		28a, PLACE Of building,	F INJURY — A	l home, larm, st	reet, factory,	office	28f. LOCATIO	ON (Street an	nd Number o	r Rural Route	Number,	-
TED BY PH	2	2 Accident II	nveatigation	28a, PLACE Of building,	INJURY — A	l home, larm, st	reet, factory,	offica	28f. LOCATIO City or To	ON (Street an iown, State)	nd Number o	r Rural Route	Number,	
ETED BY PH		2 Accident II 3 Suicide 8 0	nvestigation Could not be letermined	building,	itc. (Specify)	_			City or T	own, State)			Number,	
PLETED BY PH		2 Accident 3 Suicide 8 C 4 Homicide Check only 1 CERTI	recording to the letermined	IAN: To the best of	my knowledge	, death occurred	l at the lime,	office data and place, and du on, death occured at the	City or T	own, State)	ner en stated	1.		tated,
PLETED BY PH	29	2 Accident 3 Suicide 8 C 4 Homicide Check only 1 CERTI	revertigation Could not be letermined IFYING PHYSIC CAL EXAMINER	IAN: To the best of	my knowledge	, death occurred	l at the lime,	deta and place, and du	o time, data and	own, State)	ner on stated	1.	menner as s	tated.
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IPLETED BY	29	2 Accident 3 Suicide 8 0 4 Homicide 0  Da. CERTIFIER (Check only one) 1 CERTI	nvestigation Could not be letermined  IFYING PHYSIC CAL EXAMINEF  OF CERTIFIER	EIAN: To the best of ax	my knowledge	, death occurred	I at the lime,	date and place, and during, death occured at the	City or it	n) and menn	due to the	1. cause(a) and SIGNED (Mor	I menner as s	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be inclined by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second second second second
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be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	to be being the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 show the first within 20 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 show the first within 20 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 show the first within 20 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 show the first within 20 show the first	De med whom it mous are used with the State Copy. Of reading mous mental hypere prior to Community, or contract the medical examiner must be notified at once.

296. SIGNATURE AND TITLE OF CERTIFIER

SURIMDER 31. DATE FILED (Month, Day, Year)

JUN 2 2 1993

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93 20701 FOR STATE REGISTRAR STATE OF MARYLANO / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 06 18 93 3. TIME OF DEATH YEAR Chapman, Mandie 1354 P.M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 X (Morith, Day, Year) 10/15/97 250 88 5541 95 SALUDA, S.C. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Washington Adventist Hospital Takoma Park, Maryland Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Landover 10d. INSIDE CITY Maryland P G 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3320 Dodge Park Rd U.S.A. 20785 103 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Howed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6th Grade Housewife None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charlie Graham Emily (Unknown) BE 19a, INFORMANT'S NAME (Noe/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 Bessie Patterson (daughter) 3320 Dodge Park Rd, #103, Landover, Md. 20785 20s. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Pleasant Hill Church Cemetery Saluda, S.C. 21. BIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Vann & Williams F.H. leene 4804 Georgia Ave., N.W., Wash., D.C. 20011 emy 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): lus resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ΒY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

CERTIFIER

(Check only one)

CERTIFIER

(Check only one) EDICAL EXAMINER: On the basis of examination and/or inve occured at the time, data and place, and due to the cause(s) and manner as stated

28920 6 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF SEATH (ITEM 27) (Type, Print) 32, REGISTRAP'S SIGNATURE PLANT DAVIDSON - Randall

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	nedio i nan		01			O.	DEATH		HEG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy W.	Ch	napman					2. DATE (	O 6	N 21	SEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les				T				5-7 6	) +75 QM	
		5. SEX 1 □ M 2 XF	6. AGE (In yrs. les	YRS.	IF UNDER 1	DAYS	HOURS MIN.	(Month,	Day, Year)		Country)	ACE (State or Foreign	
	216-32-5010		37	THS.		April 18,1936   Ken							
~	9a. FACILITY NAME (If not institution, give s						OR LOCATION OF				vert	Ή	
6	7686 Old Bayside	e Road			C	nes	apeake	Beach		Cal	vert		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v		T the CIT	CITY, TOWN OR LOCATION 10d. INSI							d. INSIDE CITY	
DIRECTOR		nce Georg	ge's	Upper Marlboro					LIMIT 1 TYES				
4	10e. STREET AND NUMBER			10f, ZIP CODE								T COUNTRY?	
FUNERAL	3706 Old Crain	Highway					207	72			U.S.F	4.	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AL	MED	13. W	AS DEC	ENDENT OF HIS ecity Cuban, Mex	ANIC ORIGIN	(Specify Yes	or No-	14. RACE —	American Indian, /hita, etc.	
ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V			i	☐ YES	2 □MO Spe	cify:	rount, atoly		Specify: Cauca		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON ost of working	16b.	KIND OF BU	SINESS/IND			
<b>4</b>	Elementary/Secondery (0-12)	College (1-4 or 5					est of working	n:dh	Princ	e Geo	orge's	s Co.	
MP	12th	N/A	Sp	ec1a	I Ea.	Te	achers	ATOE I	Board	of Ed	lucati	ion	
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S			Sumame)			
Chester R. Ward  Lucy Campbell							1 1 1 5 15						
0	19a. INFORMANT'S NAME (Type/Print)		ADDRESS	(Street a	and Number or Ru	al Route Numb	er, City or Tow	m, State, Zip	Code)	-1- M320722			
F	Laurie D. Fox			7	686	OTq	Baysic	e Road	i Ches	sapear	ke Bea	ach Md20732	
	20a, METHOD OF DISPOSITION 1 [X Buriel 2	noval from State		e of dispo			24 93	20c. LC	chell	City or Town	, state e, Maryland		
	21. SIGNATURE OF FUNERAL APPRISE U	Christer	/		22. N	IAME A	ND ADDRESS OF	FACILITY	Lee I	unera	al Hor	me, Inc.	
	1614		66	33 Old	Alexar	nder E	-	Rd C	linton. Md				
	23. PART i. Enter the diseases, or	complications the	at caused the d	eath. Do	not enter	tha mo	oda of dying, s	uch ee card	lec or reep			Approximata	
	shock, or haert feilure.	List only one car	use on aach iln	a.								intarval Between Onset and Death	
	iMMEDIATE CAUSE (Finel disease or condition	000011	0000 00.	6000	P	1	0 (1116	1000	tosta	hic T	h	Guantte	
1	a. small cell cancer of the lune metastatic to 6 months.  Due to (or as a consequence of: brain, liver and skin.												
-	_												
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate												
SAT	ceuse. Enter UNDERLYING	c.											
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	INCE OF):								
F	resulting in death) LAST	d											
2	DART II Other elecitional condition	no nontribution to	double but not		In the con	el a ada ata		in Don't I	24a. WAS AF	LAIMORRY		TOE ALITOROV CHIDNIGS	
EDICAL	PART ii. Other significant condition	ne contributing to	death but not	resulting	in the un	uerryin	ig ceuse given	in Part I.	PERFO		A	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
ă									1 TYES	2 🗌 NO		OMPLETION OF CAUSE F DEATH?	
Z											1	☐ YES 2 ☐ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF DEATH	(Check only on	e)	1.0			
Sic	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 DOA	4 Nurs		ne 5 🗆 Residen	ca 8 🗆 Othe	(Specify)				
Ŧ	27. MANNER OF DEATN	28a. DATE Of	F INJURY Day, Year)	28b. TI	WE OF		JURY AT ORK?	28d, DES	CRIBE NOW	INJURY OC	CURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Morally )	July 1001)		M		YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE (	OF INJURY — At h	ome, farm,	street, facto	ory, offic	ca		ATION (Street		or Rural Rou	ite Number,	
1111	4 Homicide determined	bollong	, atc. (Specify)					City	or Town, State	,			
Ë	29a, CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best o	d my knowledge d	leath accur	red at the ti	me det	a and place and	due to the cou	ee(e) and me	none na stai	ted		
COMPLETED	(Check only one) 2 MEDICAL EXAMIN											and menner as stated.	
8		-0			,,,								
BE	296. SIGNATURE AND TITLE OF CERTIFIE	M/_					29c. LICENSE			29d. DAT	E SIGNED (A	fonth, Day, Year)	
10	20 NAME AND ADDRESS OF THE	/ COMPLETE ST	ICE OF DECE	F14 CT -	- 0-1-11		D	38991		1	12	193.	
(	30. NAME AND ADDRESS OF PERSON W Jonathan K. Fe					C,	11to 20	) Prin	ce Fr	ederi	ck Md	20678	
)						• 131	LLC 20		C 11		J. I'M	. 20070	
/	31. DATE FILED (Month, Day, Year)	32. AEGISTR	Day ason-A	andelle	2								

by the popular or attending physician. The description of the description of the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

AND 21215-0020

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 20703 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL		EPARTMEN TIFICAT			MEN	TAL HYGIEN	IL .	98	20703
	1. DECEOENT'S NAME (First, Middle, Last)	B. C	lark	5			2. D	ATE OF DEATH	93	YEAR	3. TIME OF DEATH 904
	4. SOCIAL SECURITY NUMBER / 578-26-1298	1 □ M 2 🔏 F 70	In yrs. lest birt	Thday) IF UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D	ATE OF BIRTH forth, Day, Year, ay 6, 1	923	Mary	HPLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give s Fort Washington RESIDENCE OF DECEDENT								1000	nce (	George's
DIRECTOR		ce George's	10	Fort	ington			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	1608 Oldbury Dr				20744			U.	S.A	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	U.S. ARMED 2 ANO ATES	)   13.	WAS DECI	ENDENT OF HISPA Icity Cuben, Mexic 2 2-NO Speci	an, Pus	IGIN? (Specify Ye into Rican, etc.)	s or No	Blac	E — American Indian, k, White, atc. White
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of work done during most of working									
ш	17. FATHER'S NAME (First, Middle, Last) Vivian Dent		110	mieniake.		16. MOTNER'S NA		rst, Middle, Meiden			
TO B	19a. INFORMANT'S NAME (Type/Print)  James A. Clark					nd Number or Rural 1rt, LaP	Aoute I	Number, City or Tox			46
	26e. METHOD OF DISPOSITION  1.0 Burlei 2 Cremetion 3 Removal from State  4 Donation, 5 Other (Specify)  1.1 Burnan file of Funeral Service Licensee  20b. Place and Date of Disposition (Name of oate of page)  St. Mary S Church Cemetery 6/24/93 Clinton, Maryland  22c. Name and address of Facility								own, Stata Maryland		
	· Herry E	Talas	/		Geor 6160	ge P. Ka Oxon Hi	ala: ill	s Funera Rd. Oxo	on Hi	11.	Md.20745
	23. PART i. Entar the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on as	ich lina.								Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	b									
CERTI	that initiated events resulting in death) LAST	d									
MEDICAL	PART II. Other algolificant condition	a contributing to death be	ut not resui	iting in the u	ndariying	cause given in	Part	24s. WAS AN PERFO	RMED?	24h	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (C	heck on	y ane)			
РНУ	1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pending Investigation	1 Inpatient 2 PER/Output 28e. DATE OF INJURY (Month, Day, Year)		DOA 4 Nu No. TIME OF INJURY	28c. INJU		_	Other (Specify) DESCRIBE HOW	NJURY OC	CURED	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, i	farm, street, fac	tory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE		CIAN: To the best of my knowledge.  R: On the basis of examination									s) and manner as stated,
TO BE C	296. SANATURE AND TITLE OF CERTIFIES	legux MD				254 LICENSE NU	MBER - 3	Ö	29d. DAT	E SIGNED	(Month, Day, Year)
	31. DATE FILED (Month 1) Popular 1 4	O COMPLETED CAUSE OF DEA	MIB	1 (Type, Print)	910	Paypur	41	Ct.Cp	Sys	·m	1 20748

		1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE O	E DEATH			3. TIME OF DEATH
		RICHARD	FRAN	CIS CA	RTER,	IR.					HTHOM	D	AY O	YEAR 93	3 0
		4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER 24 HRS. 7.		JUNE /				PLACE (State or Foreign
		577-44-030	3	1 0 M 2 □ F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, 1	06 -	1932	Countr	
should		Se. FACILITY NAME (# not in	stitution, give s	treet and number)			9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA								
2. 3	СТОВ	Crofton Con		ent Cent	er		Cr	Crofton					Anne Arundel		
ges 1.	EG	10a. STATE	10b. COUNTY	r		19c. CITY, TOWN OR LOCATION 10d. II						10d. INSIDE CITY			
permit. Pages	DIRE	Maryland	Anne	Arunde1		Anr	apol:	ís							LIMITS?
т реш	FUNERAL	10a. STREET AND NUMBER						101	f. ZIP COD		10g. CITIZEN OF WHAT COU				THAT COUNTRY?
ian. transi	NE	750 Bon Hav	en Dri		75/50 0110	10000	Last		2140				U.S		
O G S IN WELL AND THE WAR OF DATES									or No—	Black	— American Indian, t, White, etc.				
215-0 attending se as the	ВУ	3 Widowed 4 Divo	rced	, 120, GITE 1		03/60	)   '	TES	2 22 10	Specify	y. 			Speci	White
2121	ETED		EDENT'S EDU		16a.	DECEDENT'S (Give kind of Ille. Do NOT u	work done of	CUPATIO	ON ost of world	ng	16b. K	INO OF BU	SINESS/INC	DUSTRY	
D 2	PLE	Elementary/Secondary (0	1-12)	College (1-4 or 5 +		cilit					Т.	В.М.			
AND 2 the hospital detached to once.	COMPL	17. FATHER'S NAME (First, M	liddle, Lest)							_	ME (First, Mic		Surname)		
2 2 2 E	ш	Richard	F. Ca	rter, Sr	•				В	erth	a Id	a Mo	rgan		
MARYLAND retained by the hospits 5 should be detached notified at once.	TO B	19a. INFORMANT'S NAME (7							Route Number				. 01/01		
		Janice M. At	205 191 4.5	750 Bon Haven Drive, Annapolis, Maryland 21401											
S S		1 ☑ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from State							DATE 20c. LOCATION — City or Town, State /22/93 Brentwood, Maryland				
		21. SIGNATURE OF FUNERA		NINSEE	11010	EER	22. 1	IAME A	ND ADDRE	SS OF FA	CILITY				
BALTIMORE, or death Page 6 me/up or barrier or efficience or commerce or manufacture		· Vaca	6 1	1 7		1									e, P.A. MD 20781
E 28 B		23. PAPT I. Enter the di	lseeses, or o	complications that	t caused the	death. Do	not enter	the mo	de of dy	ing, suci	h as cardia	c or reepi	ratory an	rest,	Approximate
hours lled in the		MEDIATE CAUSE (Fin	nel	List only one ceu	Α.										Interval Between Onset and Death
thin 24 the stely fille mation.		disease or condition	<b>→</b>	a. Grens	rali	ed	Hi	s ti	10 0	to	Sis	101	Liva	en	!
x 68760, executed within and completely o burial, cremar matic event,			_	S) I -e 0	OR AS A COM	REQUENCE O	NF):		`	3/	R	0		1	
OX 68 e be execute sician and c infor to buria traumatic	CERTIFICATION	Sequentially list conditi		DUE TO	(DR AS A CONS	SEDUENCE C	F): 0		in	a	(>C/N	-			
BOX ate be en hysician prior to	CA	cause. Enter UNDERLY! CAUSE (Disease or inju	ING	Recu		nt	P	ne	W	mo	חל	19			
. # 4 5 2	F	that initiated events resulting in death) LAS		DUE TO	(DR AS A CONS	SEQUENCE C	NF):								
요 듩 돌 등 이			-	d											
그 유 등 등	DICAL	PART II. Other significe			deeth but no	/ .	1	1	g cause	given in	Part I. 2	4s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
RECOR requires that een signed by of Health an shows any	ă	Gasi	(029	my	Jero	114	97	ub	~		—   ¹	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Po H Po	. ME										-				1 YES 2 NO
P e las	SICIAN	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	LACE OF D	EATH (Ch	eck only one)				
VITA	SIC	EXAMINER?  1 YES 2 ND		HOSPITAL: 1   Inputient 2	ER/Outpatient	3 DOA	OTHER 4 - Nurs		10 5 R	esidence	6 Other (	Specify)			
	PHY	27. MANNER OF DEATH		26a. DATE OF (Month, De		28b. TIR	ME OF JURY		JURY AT		26d. DEŞCI	RIBE HOW I	NJURY OC	CURED	
ON OF DING PHYS After this of death with s marked,	B	2 Accident	Pending Investigation	24 51 405 61	5 (M. 1150)		М		YES 2	ND					
VISION ATTENDING ECTOR: Atter s after deatt			Could not ba determined	building,	F INJURY — At etc. (Specify)	home, farm,	street, facto	ry, offic	: <del>0</del>			ION (Street a Town, State)	nd Number	or Aural A	oute Number,
te lour pa		29a. CERTIFIER 1 X CERT	IFYING PHYSI	CIAN: To the heat of	my knowledge	death occur	and at the ti	ma data	and place	and due	to the series	(a) and			
로 글 오 =	COMP			CIAN: To the best of R: On the basis of as											and manner as stated.
	ш	29b. SIGNATURE AND TITLE			-					ENSE NUN					(Month, Day, Year)
TO THE TO THE Be filed	0 19	Kak	esh	anos	19,	MD			D:	20	108	2	•	61:	20/93
7	F	DAICE CL	PERSON WH	A -	E OF DEATH (I	TEM 27) (Type	Print)	F	O X	Ln	1 D ~	11011	6	UA	20716
1)		31. DATE FILED (Month, Day.	ALOK	A MD	R'S MGNATURE		wn!	5	- (-		, 150	VV (	F. F	· · · · ·	20115
		JIIN 2	T 199		Davidson	r-Hand	مالات								
		001111	^						-						DHMH-16 Rev 1/8

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-701 7/19/93 t.t

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND	MENTAL HYGIEI	NE	0 20/0	
	1. DECEOENT'S NAME (First, Middle, Last) GEORGE	M ASON		C	OOK	2. DATE OF OEATH	<sup>2</sup> 4 9 <sup>v</sup>	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-68-3816 98. FACILITY NAME (If not institution, give	5. SEX 6. AGE (I	in yrs. last birthday) 35 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/02/19	58 V	BIRTHPLACE (State or Foreig Country) Vashington,	
TOR	1504-H FLANDE			HARWO	OR LOCATION OF D	EATH	ANNE	ARUNDEL	
DIRECTOR		e George's		y, town on Locat verdale	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	6008 Riverdale R	load		101	1. ZIP COOE 20737		U.S.	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	I1 yes, sp	CENDENT OF HISPA Hecity Cuben, Mexico 5 2 NO Specia	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	es or No — 14	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		ON ost of working	16b. KIND OF BU		TRY	
COMP	17. FATHER'S NAME (First, Middle, Last)		Painte	r		Decora	Surname)		
TO BE	Robert Stuart Co	ook, Sr.			and Number or Rural	Bertha Coo	wn, State, Zip Co		
	Irene B. Cook  20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. cammin	PLACE AND DATE	OF DISPOSITION (NA	arne of	Riverdale	OCATION — City	and 20737 or Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE ( BOD)	TE LINCO	Franc	nd adoress of fa	CHITY	ıneral	Home, P.A.	
DICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. MULTIPLE DUE TO (OR AS A D. DUE TO (OR AS A C. OUE TO (OR AS A d.	ORUG INT	F):	N			interval Batw Onset and Di	
MEDICAL	PART ii. Other significant condition	ns contributing to death bu	at not resulting	in the undarlying	g cause given in	Part i. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PY YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpa	itlent 3 🗆 DOA	OTHER:	ACE OF OEATH (Ch	8 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) FOUND: 6-14-		P M 1 1	URY AT PRICE 2 X NO	28d. DESCRIBE HOW  UNKNOWN	INJURY OCCUR	RED	
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Special FOUND:	fy)	street, factory, office	•	City or Town, State	est and Number or Rural Route Number, late) 1504-H Flanders Lai A.A. COUNTY. MD.		
COMPL		ICIAN: To the best of my knowle ER: On the basis of examination						ause(s) and manner as state	
믦	296, SIGNATURE AND TITLE OF CENTIFIE	5	_		O.C.M			GNED (Month, Day, Year) $5-1993$	
٥	30. NAME AND ADDRESS OF PERSON WH	O COMPCETED CAUSE OF DEA				altimore			
	JUN 2 1 19	93 gentie Dec	HOSON-PAN	top					

1	-	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF N		/ DEPAR						GIENE G. NO.	E		20100
1	1. DECEDENT'S NAME (First, Middle, Last)	1	Clar						2. DATE OF DE		-9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	lest birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIR (Month, Day,	ТН	1	8. BIRTH	IPLACE (State or Foreign
	215-15-9653 9e. FACILITY NAME (If not institution, give :	1 M 2XXF	20	YRS.	9b. CITY	DAYB	HOURS	MIN.	JAN. 6		973G		NSBORO, NC
DIRECTOR	25 BANNINGTON	DRIVE					MARI						GEORGE'S
JEC.	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	MARYLAND PRIN	CE GEOR	GE'S	Ţ	JPPE		ARLE						LIMITS? XIX YES 2 \( \text{NO}\)
FUNERAL						101.	ZIP CODE				10g. CITIZ	EN OF W	WHAT COUNTRY?
S	25 BANNTNGTO	12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DECI	2077 ENDENT O	F HISPANI	IC ORIGIN? (Spec	olfy Yes	or No.	USA 14. BACE	
BY	TXXNever Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES 2 AR OR DATES	Хио		If yes, spe	2 X NO	n, Mexicen	, Puerto Ricen, e	tc.)		Specif	E — American Indian, t, White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of t	USUAL O	CCUPATIO	N et of workin	α	16b. KIND (	OF BUSI	NESS/INDU	JSTRY	DDACK
APLE	Elementary/Secondery (0-12)	College (1-4 or 5 + 2 YRS	•)	ite. Do NOT us	se retired.)	tude					N,	/A	
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	E (First, Middle, M	Maiden S	urname)		
BE	RONALD  19e. INFORMANT'S NAME (Type/Print)	CLARK							AN FAI				
2	RONALD	CTADE							oute Number, City				MD 20772
	20a. METHOD OF DISPOSITION			EAND DATE				· K			ATION - C		
	1X Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)			YLANI			NAL	CEM	1				IARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	2101	La	22.		D ADDRES		S FUNE	ERA	L HO	ME	
	23. PART I. Enter the diseases, or capacitations	complications that	Caused the	death Dor	7	474	LAN	IDOV	ER RD	L	ANDO	VER	
	ahock, or haart failure. IMMEDIATE CAUSE (Final	List only one cau	se on aach III	na.						reapire	atory arre	st,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)		1 wo			the	ahe	st	-				onest and Sauth
_		DUE TO	(OR AS A CONS	EOUENCE OF	F):								
CERTIFICATION	Sequantially list conditions, if sny, landing to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE OF	F):								
IFIC	CAUSE (Disease or Injury that initiated events	c. DUE TO	OR AS A CONS	EQUENCE OF	F):								
	resulting in death) LAST	d											
CAL	PART II. Other significant condition	a contributing to	death but not	reaulting i	n tha un	derlying	cause g	iven in P			UTOPSY	24b.	WERE AUTOPSY FINDINGS
200										ERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED									_				1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DE	ATH (Chec	k only one)				
YSIC	EXAMINEM?	HOSPITAL: 1   Inpatient 2	ER/Outpatient	3 DOA	OTHER	₹:		4	Other (Specifi	y)			
H H	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, Da		Se Jim	E OF URY	28c. INJU WOR	HC?		28d. DESCRIBE	HOW IN	JURY OCCU	RED	
B <sub>√</sub>	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF	F INJURY — At I	3/5-	dreat, fect	1 Y	ES 2 🖼		Dely N	ufl	deles	e Dumi D	autif Mumbas
ETEC	4 Homicide determined	25/20	ote. (Specify)	r. 1	uil,	lype	Ma	lha	D/ 61. 62	State)	As ,	m	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK DAY ONE) 2 MEDICAL EXAMINE	CIAN: To the best of a	my knowledge, o	death occurre	d at the ti	me, date e	and place,	and due to	the cause(e) en	d menn	or no stated	1.	
	296. SJENATURE AND TITLE OF GETTIFIED						29c. LICE						(Month, Day, Year)
TO BE	HUGHIG F. X	Justines	Mer)		)2123	30					► 6-	15	93
	Avaust P. Red	TI JULZA	PD , 57	EM 27) (Type,	Por	hu	m(	1/	7. Su	7	Mel	21	17408
	JUN 2 1 1993	32. REGISTRAF	R'S SIGNATURE		1			1	11	5 / 1	00	- 0	T
	-11.7 7	come waydron	n-standes	2					V				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending any months and the state of the state has been signed by the attending any months are suppletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mential Hypier to committee or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 88760,

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

29a CERTIFIER

29b, SIGNATUI

31. DATE FILED (Month, Day, Year)

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SICIA	certif	d, or
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NDIN	R. Afte	E SI
ATTE	Saffe	1 28
IN THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Agn 6 may be manned by the hospital or	VID THE PUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral order man a should be detached for use the form 72 hours after death with the State Deut of Health and Mental Hydiene prior to busial, cremation, or removal	IMPORTANT If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	E A	2
E HOS	FE	HTAN
O TH	THE O	MPO
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93 20707 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR G. 3:15 P.M. 1993 Annie Coleman June 13 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Aug. 19 1920 Georgia 215 46 4274 1 M 2 F YRS. 71 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctors' Community Prince George's DIRECTOR Hospital Lanham RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince Georges Bowie XXXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2615 Kimble Lane 20715 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-il yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 84 3√ Widowed 4 □ Divorced Specify: White No COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumarne) Sally Mae Allen George A. Wilburn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Albert Coleman 2615 Kimble Lane Bowie Maryland 20715 20s. METHOD OF DISPOSITION
DECEMBER 2 Greenation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State DATE Fort Lincoln Cemetery Brentwood Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximate ehock, or heert feliure. List only one cause on eech line. Interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate Cause. Enter LINDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not reculting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, lectory, 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) e Could not be determined COMPLETED 4 Homicide

Onset and Death 24b. WERE AUTOPSY FINDINGS 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. nion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 00 32. REGISTRAR'S SIGNATURE Sunia Davidson-Randolle DHMH-18 Rev 1/89

	REGISTRAR		CERTIF	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	3. TIME OF DEAT	
	Sylvia Christ 4. SOCIAL SECURITY NUMBER	T				June	26, 1993		
	219-36-5385  9a. FACILITY NAME (If not institution, give	1 M 2 M F 60	(In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, June 7	,1933	Maryland	reign
CTOR	Kent & Queen Ar		l, Inc.		or Location of D ertown	EATH	9€. COUNT Ker	OF DEATH	
DIREC	10a. STATE 10b. COUNT	KENT		TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 5863 JOHNSTOWN RO	AD =		10	7. ZIP CODE 2162	)	10g. CITIZE	N OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 🕅 NO	If yes, s	CENDENT OF HISPA Decity Cuben, Mexic 3 2 X NO Speci	an, Puerto Ricen, e	cify Yes or No- 14	RACE — American India Black, White, atc. Specify:	en,
ED B	15. DECEDENT'S EDI	JCATION	16a, DECEDENT'S	IISHAL OCCUPATI	ON	T san Kinio	OF BUSINESS/INDUS	BLACK	
	Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use Domest	rork done during m e retired.)	ost of working		hington		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)		
u	<u>Thomas Harris</u>					hy Lind:			
TO B	190. INFORMANT'S NAME (Type/Print)  David S. Commo	dana					or Town, State, Zip Co	N. C. C. C. C. C. C. C. C. C. C. C. C. C.	
	20a. METHOD OF DISPOSITION	201	PLACEANDDATEO				town, MD		
١	1 🖟 Burial 2 🗆 Cremation 3 🗆 Ran 4 🗆 Donation 5 🗀 Other (Specify)	novel from State	nanuel U.	M. Chur	ch Cemet	ery	Pomona,		
J	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			NO ADDRESS OF FA		C D 0	601 0	
_	Dennesm	th 1.7					Delawa	. 691, Dov	er
NOL	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. metas	ach lina.  A Lica Consequence of	me_so	thelio		respiratory sires	t, Approximinterval B	etween
CERTIFICATION	Sequentielly list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF						
EDICAL	PART II. Other eignificent condition	ns contributing to death b	ut not resulting is	n the underlyin	g cause given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C OF DEATH?	10
Σ						-		1   YES 2   P	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
H.	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	IURY AT		HOW INJURY OCCUP	ED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(moral, Day, lear)	INJU		YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, stc. (Spec	— At home, ferm, st	reet, factory, offic	in .	261. LOCATION ( City or Town	Street and Number or State)	Rural Route Number,	
COMPLETE		ICIAN: To the best of my know ER: On the bests of examination						euse(s) and manner as si	tated.
O BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		1/-		29c. LICENSE NUI	WBER		IGNED (Month, Day, Year)	
TO B	m	Bienantol	170		033	3514	▶ 6.	-26-93	
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)					
10	31: DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE 2ndell						

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BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MENTA	L HYGIEN		9	20709
	1. DECEDENT'S NAME (First, Middle, Lest) Adele L. Call	0117.11						MON		AY 1 0 0	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs.	forms to both about				_	ne 30	199		0930
ú	221-30-8526	1 □ M 25∰ F	8. AGE (III )/IS.	YRS.	IF UNDER	DAYS	HOURS MIN.	(Mon	OF BIRTH	905	Count	PLACE (State or Foreign ry)
	Se. FACILITY NAME (If not institution, give :	street and number)			96. CITY	, TOWN C	OR LOCATION OF D	W 100 M	. 6.12	9c. COUN	TY OF I	VIZNO.
DIRECTOR	Union Hospital				E13	ctor	1			Cec	il	
	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TON					10d. INSIDE CITY
		Castle		0	dess	a						LIMITS?
FUNERAL	10a. STREET AND NUMBER 401 Front S	treet					ZIP CODE					WHAT COUNTRY?
ξl	11. MARITAL STATUS	12. WAS DECEDENT	FVFR IN U.S.	ARMED	12	_	9730 ENDENT OF HISPA	NIC ODICE	MA APP 14 - 14 - 14 - 14 - 14 - 14 - 1	US		E - American Indian,
	1 Never Married 2 Married 3 Midowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ecify Cuban, Mexic 2 NO Speci	an, Puerto		or No	Blac Spec	k, White, etc.
	15. DECEDENT'S EDU	ICATION	100	DECEDENT'S		20110471						White
	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of a life. Do NOT us	work done	during mo	st of working	16	b. KINO OF BU	SINESS/IND	USTRY	
COMPLEIED	12	4		Iomem	aker	-			Homer	aker		
3	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
ų l	Walter Black	well					Elsie					
2	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural					
	Jane Callowa	У						reet				De.19709
	20a. METHOD OF DISPOSITION  1 Burlat 2 Toronation 3 Rem	novel from State	cemetery, o	E AND DATE	ther place)			6/	30 _	CATION (		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ICapi	to1			on Ser		S DO	ver,	DeT	aware
	1 John	Lek					ELS & ]		HISON			
4	23. PART i. Enter the diseases, or	47. Out	73		1 2	212	N. Broz	ad S	t Mi	6616	tou	n.De.1970
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (	OR AS A CONS OR AS A CONS OR AS A CONS	SEQUENCE OF	YC Y (	ئىيىيد	mia ur dece					Onset and Deat
	PART ii. Other significant condition	es contributing to	death but no	t resulting	in the ur	nderlying	j ceuse given in	Part i.	24a. WAS AN PERFOR 1 NES 2	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEATH (C/	heck only o	ne)			
	1 TES 2 K NO	HOSPITAL: 1 X Inpatient 2 □	ER/Outpatient	3 DOA	OTHER		5 🗆 Residence	8 🗌 Oth	er (Specify)			
	27. MANNER OF DEATH	28a. DATE OF I	NJURY v. Ybari	28b. TIM		28c. INJ		_	SCRIBE HOW I	NJURY OCC	URED	-
	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_}	М		ES 2 NO					
1	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF building, e	INJURY — At ttc. (Specify)	home, farm, i	street, tact	ory, office		28t. LOC C/ry	CATION (Street or Town, State)	and Number	or Rumi	Route Number,
	29a. CERTIFIER (Check only one) 1 A CERTIFYING PHYS 2 MEDICAL EXAMINE											a) and menner ee stated.
ı	29b. SIGNATURE AND TITLE OF CERTIFIE	R				1	29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
1	V_tt.2						61-0	0019	121	•	6/30	iles
	Wenneth Lewis N					L sc -	n	19	94		7.0.0	
	30. NAME AND ADDRESS OF PERSON WHEKEN THE LIEWIS, N. 31. DATE FILED (Month, Day, Year)	1.D. 12	Penn	ingto	on S	tre	et,Micc	let	own, D	e.19	709	



The state of the s	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. The 6 may be retained by the hos	ID THE FUNESTOR. After this certificate has been signed by the attending physician and completely filled in the imment freedor, page 5 should be detached to each with an account of the completely filled in the imment freedor, page 5 should be detached to the complete of	be med writin 12 hours are upen with the State Dept. Or result and wereal pyther profit to burnal, cremation, or where the medical must be notified at once.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examples must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF !	MARYLAND /		RTMENT				MENT	AL HYGIEN REG. NO		93	20710.
	1. DECEDENT'S NAME (First, Middle, Lest)						DLA	-		E OF DEATH		O YEAR	3. TIME OF DEATH
	Ada	5. SEX	L.		Cob					line 19	1	993	1:00 PM
	213-74-7198	1 M M ANT	6. AGE (In yrs. las	I birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	(Mor	E OF BIRTH oth, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution, give s		86	Tha.	Oh CITY	TOWN C	R LOCATI	ON OF DE	_	23-190		Oh:	
DIRECTOR	8190 Beachley				Wit			ON OF DE	EATH			albo	
3EC	10a. STATE 10b. COUNTY		-	10c. CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CITY
	Maryland Tai	lbot		W	ittm	an							LIMITS?
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODI	E			10g. CIT	IZEN OF W	WHAT COUNTRY?
Ä	8190 Beachley						216	76				USA	A
F	11. MARITAL STATUS  1 Never Married 2X Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED	13. V	WAS DEC	ENDENT C	F HISPAN	IIC ORIG	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Bleck	- American Indien, , White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YES	NO NO	Specify	r.	,		Specif	fy:
0	15. DECEDENT'S EDUC	CATION	18e. DE	CEDENT'S	USUAL OC	CUPATIO	N .		16	b. KIND OF BUS	INESS/INI		vhite
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	life	ve kind of Do NOT u	work done d se retired.)	luring mos	st of workin	g					
MP	8			Hou	sewi	fe							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NAI	ME (First,	Middle, Malden	Sumeme)		
BE	William Edward	Klinge								Rider			
2	194. INFORMANT'S NAME (Type/Print)									nber, City or Town			
	Jay B. Cober		81	.90	Beac	hle	y R	oad		ittmar			
	XXBurial 2 Cremation 3 Remo	oval from State	20b. PLACE A cametery, crei	matory or o	ther place)				DA			City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Wood	Llaw	n Me	mor	DADDRES	Par	rk6	-22 Ea	sto	n, N	(D
	<b>.</b>				N	ewn	am :	Fune	era.	l Home	, P	.A.	
	23. PART I. Enter tha disesses, or c	~ ME	RCERO	ے دے	FS 72	00	S.	Hari	ris	on St.	E	asto	on, MD
CERTIFICATION	shock, pr haart fallura. If iMMEDIATE CAUSE (Finsi disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	se on each line.	UENCE O	lei les	la el	4/	Va Va	es	O Re	1	951,	Approximate interval Between Onset and Death  ### Consett and Death
4	PART II. Other significant conditions	contributing to	death but not re	sulting	In the und	deriying	ceuse g	iven in l	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
ME										1 123 2			OF DEATH?
ž									_				
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ick only o	ne)			
ΥS.	1 TYES 2 NO	1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:		5 XRa	sidence i	8 🗆 Oth	er (Specify)			
표	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, De		28b. TIM INJ	E OF	28c. INJL WOF			28d. DE	SCRIBE HOW IN	JURY OC	CURED	
B	2 Accident Investigation	00 - DI 405 O			М		ES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At honetc. (Specify)	ne, farm, s	Rreet, facto	ry, office			28f. LOG	CATION (Street a or Town, Stete)	nd Number	or Rural Re	oute Number,
9	29a, CERTIFIER												
COMPLETED	(Check only 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER												
	250. SIGNATURE AND TITLE OF CONTIFIER		1	.veatigatio	ii, iii iiiy op	armon, de				a and place, and			
TO BE	Il Travelle	4,000	HD	)			29c, LICE	MSE NUM	BER B	8	29d. DAT	SIONED C	(Month, Day, Year)
-	T. T. O. O. W. C. T. D. C. T.												
	L. Lane Wroth, 31. DATE FILED (Month, Day, Year)	M.D.,	P.O. B	ox 2	290,	St	. Mi	cha	els	, MD	2160	53	
	JUN 2 2 1993		R'S SIGNATURE	2									

BALTIMORE, MANTENID 21215-0020	4 hours after death. Page 6 may be in mine and the major or mending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 minutes to account to use as the buriat-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State David Albertal Hasting and Manual Hasting	my or remova.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the familiar 20 bours of the following the following of the filed within 70 bours of the following the following of the following the f	on more mann is from a size used more soon to come copy, to remain any memoral produce

	REGISTRAR		CERTIFI	CATE OF DEA	ATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 3	Margaret	Hangoll	O		- 1	MONTH DA	YEAR	3.5
- 4	4. SOCIAL SECURITY NUMBER	Hansell	Crosi				1993	1:20p M
			E (In yrs. last birthday)	IF UNDER 1 YEAR IF UND	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign intry)
	162-34-1287	1 M 2 X F 8	9 YRS.	SAIS NOOM		11-29-0	3 Ma	ryland
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN OR LOCA	TION OF DEA	TH	9c. COUNTY OF	
Œ	Mamaaai al II			77				
일	Memorial Host	oltal at E	<u>aston</u> 1	Easton			Ta	1bot
DIRECTOR	10e. STATE 10b. COUNT			TOWN OR LOCATION				Total money and
<u>«</u>	Manual and Ma	11-1						10d. INSIDE CITY LIMITS?
		lbot	T	rappe				1 X YES 2 NO
₹	10e. STREET AND NUMBER			101, ZIP CC	DE		10g. CITIZEN O	WHAT COUNTRY?
ᇤ	#1 High School	Rd.		21	673		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			C ORIGIN? (Specify Yes		
正	1 Never Married 2 Married	FORCES? 1 YE	S 2 200	If yes, specify_Cu	ban, Maxican,	Puerto Rican, etc.)	BI	CE — American Indian, ack, White, etc.
À	3X Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TES 2 X N	O Specify:		Sp	White
	15. DECEDENT'S EDU	1		I .				Murce
쁘	(Specify only highest grade	completed)	(Give kind of wo	SUAL OCCUPATION ork done during most of wor	rking	16b. KIND OF BUS	INESS/INDUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
4	12	4	House	wife				ν
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				THER'S NAM	E (First, Middle, Meiden :	Sumame)	-
	Reginal Heber	Ditter						
BE	19a. INFORMANT'S NAME (Type/Print)	RItter			phie	Diricks	on Wil	lis
2			19b. MAILING	DDRESS (Street and Numi	per or Rural Ro	oute Number, City or Town	, State, Zip Gode)	
- 1	John H.H. Ritt		3605	Covey Lar	e. Ko	okomo. T	N 4690	2
	20a. METHOD OF DISPOSITION 1  Burlal 2  Cremation 3  Ram	2	Ob. PLACE AND DATE OF	DISPOSITION (Name of			ATION — City or	
	1 ☐ Burial 2 (A Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	emetery completely or oth	or place)		6 27 0	1	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Saisibul	y Cremato	ΙΥ	o-zi sa	Lisbur	y, MD
						ral Home	D 7	
	JOHN R	D FRCE	10-2 AEC	Menitani	runei	rar nome	, P.A.	
	23. PART I. Enter the diseases, or	MERCE O	ed the deeth Do no	1200 5	Harr	Ison St.	East	
	shock, or heert fellure.	List only one cause on	eech line.	t enter the mode of t	lying, such	es cerdiec or respir	ratory arreat,	Approximata Interval Batween
İ	IMMEDIATE CAUSE (Final	Ω						Onset and Death
	disease or condition resulting in death)	· DILATI	31-n1- F	NEW TRON	14			10 DAK
- 1		DUE TO (OR AS	A CONSEQUENCE OF)					1
-								j
CERTIFICATION	Sequentially list conditions,	b	A CONSEQUENCE OF					
F	if any, leading to immediate cause. Enter UNDERLYING	302 10 (011 A	A GONSEGUENCE OF					1
2	CAUSE (Disease or Injury	C						
는	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)					
H	resulting in death) LAST	d,						
2								
EDICAL	PART II. Other significant condition	s contributing to death	but not resulting in	the underlying ceuse	given in P	art I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS
3						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		TSTOR		D,	ZURY	1 YES 2		OF DEATH?
Σ		1010016	-6-1	16	WIL F	_	AL	1 TES 2 NO
PHYSICIAN:						HUTOR	34. Lun	16 Buidsy
5 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF	DEATH (Checi	k only one)		
S	1 YES 2 NO	HOSPITAL:		OTHER:	Donldones &	□ Other (O 14 )		
<u></u>	27. MANNER OF DEATH	28a. DATE OF INJURY		7		28d. DESCRIBE HOW IN		
		(Month, Day, Year)		RY WORK?		280. DESCHIBE HOW IN	JURY OCCURED	
	1 Netural 5 Pending			M 1 YES 2	□ NO			
à 1	1 Natural 5 Pending 2 Accident Investigation							
D BY	2 Accident Investigation 3 Suicide S Could not be	26a. PLACE OF INJUI	RY — At home, farm, atr		- 2	Ref. LOCATION (Street a)	nd Number or Rura	l Route Number,
	2 Accident Investigation	26a. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, atrectify)		2	City or Town, State)	nd Number or Rura	I Route Number,
	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	bulloting, etc. (Sp	ecny)	eet, fectory, office		City or Town, State)		l Route Number,
	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only	CIAN: To the best of my kno	wledge, death occurred	eet, fectory, office	ce, end due to	City or Town, State) the cause(a) and mani	ner as atated.	
	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only	bulloting, etc. (Sp	wledge, death occurred	eet, fectory, office	ce, end due to	City or Town, State) the cause(a) and mani	ner as atated.	
COMPLETED	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only	CIAN: To the best of my kno	wledge, death occurred	set, fectory, office at the time, date and pla- in my opinion, death occ	ce, end due to	City or Town, State) the cause(a) and manime, data and place, and	ner as atated.	r(a) and manner as stated.
	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my kno	wledge, death occurred	at the time, date and pla- in my opinion, death occ	ce, end due to ured at the tir CENSE NUMB	City or Town, State) the cause(a) and manime, data and place, and	ner as atated.	
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my kno	wiedge, death occurred on end/or investigation,	at the time, date and pla- in my opinion, death occ	ce, end due to	City or Town, State) the cause(a) and manime, data and place, and	ner as atated.	r(a) and manner as stated.
E COMPLETED	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my knot R: On the basis of examinet	wiedge, death occurred on end/or investigation,	at the time, date and pla- in my opinion, death occ	ce, end due to ured at the tir	City or Town, State)  the cause(a) and manume, data and place, and	ner as atated.	r(a) and manner as stated.
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knot R: On the basis of examinet	wiedge, death occurred on end/or investigation,	at the time, date and pla- in my opinion, death occ	ce, end due to ured at the tir	City or Town, State)  the cause(a) and manume, data and place, and	ner as atated.	r(a) and manner as stated.
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my knot R: On the basis of examinet	wiedge, death occurred ion end/or investigation,  D.  EATH (ITEM 27) (Type, F.	at the time, date and pla- in my opinion, death occ	ce, end due to ured at the tir	City or Town, State)  the cause(a) and manume, data and place, and	ner as atated.	r(a) and manner as stated.
BE COMPLETED	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my know.  R: On the basis of examinet  O COMPLETED CAUSE OF D  A R	wiedge, death occurred ion end/or investigation,  D.  EATH (ITEM 27) (Type, F.	at the time, date and pla- in my opinion, death occ	ce, end due to ured at the tir	City or Town, State)  the cause(a) and manume, data and place, and	ner as atated.	r(a) and manner as stated.

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

REG. NO.

		1. DECEDENT'S NAME (First, I	Middle, Last)								2. DAT	E OF DEATH	iv.	YEAR	3. TIME OF DEATH
		RUDOLPH S.									6	2.		93	4:00P
1)		4. SOCIAL SECURITY NUMBE	В	5. SEX	6. AGE (In	yrs. last birth	MONT	HOER 1 YEAR	IF UNDE	R 24 HRS.		th, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
Pin	l	127222432		1 K M 2 F		) YF	NS.					-23 - 22			NY
3 sho	œ	9a. FACILITY NAME (If not inst					9b. (	CITY, TOWN	OR LOCAT	ION OF DE	EATH		9c. COUN	ITY OF D	EATH
. 2,	5	Perry Poir	T. VA	MC				erry	Po	int			Ce	cil	
Second	DIRECTOR	10e. STATE	10b. COUNTY			10c	CITY, TO	VN OR LOCA	TION						10d. INSIDE CITY LIMITS?
ji. G		MD	Harf	ord		A	bing	idon							1 TES 2 NO
/LAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, 3 should at once.	FUNERAL	10e. STREET AND NUMBER						10	H. ZIP CO	DE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
an. rransit	Ä	2530 Parl	<u>iame</u>							009				U	SA
20 Pysici	5	11. MARITAL STATUS  1 Never Married 2 X 8	Inrried	12. WAS DECEDEN FORCES? 1	VES YES	2 ND		If yes, s	ecify Cub	an, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No-		— American Indian, , White, etc.
1215-0020 or attending physician. r use as the burial-tran	β	3 Widowed 4 Divorc	100	1942 to	197			1 TYE	2 X NO	Specify	y:			Speci	
215 attend			DENT'S EDUC	ATION		6a. DECEDE					16	b. KIND OF BUS	SINESS/IND	USTRY	Black
212 al or al for us	COMPLETED	Elementary/Secondary (0-1	highest grade (	College (1-4 or 5	F)	life. Do M	d of work d OT use retir	one during m ed.)	ost of work	ing					
Ched ched	MP	12				care	er M	lilit	arv						
YLAND 2 by the hospital be detached to at once.	8	17. FATHER'S NAME (First, Mid							18. MO1	THER'S NA	ME (First,	Middle, Maiden	Surname)		
	B	Sanford C					<u>.</u>			icto					
MARYLAND 21215-0020 retained by the hospital or attending physis 5 should be detached for use as the burian notified at once.	2	19a. INFORMANT'S NAME (防水 XXXXXX Vi		Clark		1						nber, City or Tow		,	01000
		20. METHOD OF DISPOSITIO			000 0					nt D	_		cation – c		21009
BALTIMORE, or death. Page 6 may be the funeral director, page ral.	- 1	1X Burial 2 Cremation	3 🗌 Remo	val from State	cemete	ery, crematory	or other pla	ecel NT-	tio	nal	7-	1 Arl			.,
Page II dire		21. SIGNATURE OF FUNERAL		INSEE (1)		Hin	gtor	22. NAME A					-1190	0117	V 21
ALT death. s funera	- 1	11./	///		- //			Arn	old	Bea	rd	Funer	al S	erv	ice
0 = 0	$\dashv$	23. PART I. Enter the dis	1/4-	Me	+	No. of cash	D	$_{\rm P}$ $_{\rm O}$	. Bo	$1 \times 1$	88	Havre	de	Grad	ce. MD
5 5 5 B		shock, or her	ert fallure. L	lst only one cau	ise on eac	the death.	Do not ei	iter the me	ode of dy	/ing, suc	n aa ca	diac or respi	ratory arm	est,	Approximate Interval Between
18 19 19 19 19 19 19 19 19 19 19 19 19 19		IMMEDIATE CAUSE (Fina disease or condition		Sepsis											Onset and Dea
ted within 24 completely fills ial, cremation, event, the		resulting in death)	•		(OR AS A C	ONSEQUENC	CE OFI:								1
N 8 5 = 0	2			Recurre			,								i
OX 6876  e be executed sician and com rior to burial, traumatic ev	CERTIFICATION	Sequentially list condition if any, leading to immediate		DUE TO	(DR AS A C	ONSEQUENC	CE DF):								
BOX centrate be en ading physician a Hygiene prior to or other traum	S	cause. Enter UNDERLYIN CAUSE (Disease or Injury													
other	E	that initiated events resulting in death) LAST		DUE TO	(OR AS A C	ONSEQUENC	E OF):								
M	<b>E</b>	reading in death, End	d												
the the line		PART II. Other algolfican	t conditions	contributing to	death but	not result	Ing In the	underlyin	g ceuse	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDING
ECOR quires that n signed by t t Health and lows any in	MEDICAL											PERFOR	X		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RECO requires the een signed of Health shows an	Ä											_			1   YES 2   NO
L R law relax been bept. of	ž														
F VITAL RE SICIAN: The law req certificate has been the State Dept. of the Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			orr	26. P	LACE OF	DEATH (Ch	eck only o	ine)			
VI SIAN: or It	YSI	1 YES 2 NO		1. Inpatient 2		lent 3 🗆 DC		Nursing Hor	ne 5 🗆 R	lesidence	6 🗆 Oth	er (Specify)			
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate has a after death with the State D 28 is marked, or item	표	27. MANNER DF DEATH  12 Natural 5 PA	endina	28a. DATE OF (Month, D		28b.	TIME OF INJURY	W	JURY AT ORK?	_	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
ON OF DING PHYSI After this c death with	B	2 Accident In	vestigation	28e. PLACE O	E IN ILION	At home to			YES 2	NO	201.10	0471041 101	444 4	0.15	
TTEND TOR: A after d			ould not be stermined	building,	etc. (Specify	)	irm, street,	nactory, onto			City	CATION (Street a or Town, State)	ind Number	or Hural H	loute Number,
DIVISION DIRECTOR: After hours after death	COMPLET	29a. CERTIFIER												0	
	MP	(Check only		IAN: To the best of											) and manner as stated.
THE HOSPITAL THE FUNERAL filed within 72 h	- 18	29b. SIGNATURE AND TITLE C		4			gament, at I	, openion,				- and piece, an			
물 물을 통	B	THE COMMITTEE AND THE	A CENTIFIER	(15	ETTIN	4D)				ENSE NUI	-		29d. DATE	SIGNED	(Month, Day, Year)
₽ ₽ 2 <b>X</b>	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEAT	H (ITEM 27)	(Type, Print)		د رايا	_	, ,		7	/	
		Dr. Sethi,													

32. REGISTRAR'S SIGNATURE

Ta Davidson-Randsee

31. DATE FILED (Month, Day, Year)

IIIN 29'93

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

ITEMS: 27.28d.e.f. PER MEO FILM G-704 10/8/93 t.t

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

98 20713

			CENTIL	FICATE OF E	JEAIH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, La DAVID		LIAM D	IVELBISS	5	2. DATE OF DEATH	* 19 <b>5</b>	3. TIME OF DEATH 3:20 A
	4. SOCIAL SECURITY NUMBER 217-82-9164	1 💀 M 2 🗆 F	E (In yrs. last birthday) 28 YRS.		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 05–14–196	Co	IRTHPLACE (State or Foreign puntry)
TOR	9a. FACILITY NAME (If not institution, g  BEDFOR)  RESIDENCE OF DECEDENT	D ROAD		96. CITY, TOWN OR CUNBE	ERLAND	ATH	9c. COUNTY O	GANY
DIRECTOR	10a. STATE 10b. COL			ry, town on Locatio	N	HTE TE		10d. INSIDE CITY LIMITS? 1 YES 2 W NO
FUNERAL	100. STREET AND NUMBER  ROute 3 Box 20	09-Bedford Rd		10f. Z	21502	1	10g. CITIZEN O	OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED ES 2 NO R DATES		ify Cuban, Maxica	IC ORIOIN? (Specify Yes n, Puarto Rican, etc.)		NACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12	EDUCATION rade completed)  College (1-4 or 5+)	(Give kind of life. Do NOT u	s usual occupation work done during most use retired.)	of working	16b. KIND OF BUS	siness/industr	
BE CON	17. FATHER'S NAME (First, Middle, Last) William H				Nano	ME (First, Middle, Malden y Bittner	Surname) Miller	
ОТ	19a. INFORMANT'S NAME (Type/Print)  Mrs Cathy Di  20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 F  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	temoval from State	ROUTE ROB. PLACE AND DATE commetery, cremetery or or	OF DISPOSITION (Name other place)  Burial P  22. NAME AND	09 Cumbe	7-6 C	21502 CATION — CHy o umberla	or Town, Stata
	IMMEDIATE CAUSE (Final disease or condition	or complications that cause on List only one cause on	each line.	not enter the mode	elli Fu	MD 21502		Interval Bet
ERTIFICATION	ahock, or heart failu IMMEDIATE CAUSE (Final	a. DUE TO (OR AS	each line.	not enter the mode	rland.	MD 21502		Interval Bet
: MEDICAL CERTIFICATION	shock, or heart failure immediate cause in intitated events	a. DUE TO (OR AS	S A CONSEQUENCE O	not enter the mode	of dying, auci	MD 21502 h aa cardlac or reapl	AUTOPSY MED?	Interval Bets Onset and E  24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  12. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR AS  c. DUE TO (OR AS  d. Liona contributing to deeth  HOSPITAL:  1   Inpetiant 2   ER/O	S A CONSEQUENCE O	OF):  26. PLAC  OTHER:  4 □ Nursing Home	ceuse given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MMED?	Interval Bets Onset and E  24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 X YES 2 NO
TED BY PHYSICIAN: MEDICAL	shock, or heart failured immediate cause. Enter UnDERLYING CAUSE (Pinal disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported in the conditions of the conditi	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	OF):  26. PLAC OTHER: 4   Nursing Home ME OF USURY USURY USURY USURY 1   Yet street, fectory, office	couse given in  CE OF OEATH (Cho	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?  PUBLIC  NURY OCCURE  STRUCE  FORD RD./	Interval Beth Onset and E  24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 TYPES 2 NO  CHICHWAY  UNKNOWN  CHICHWAY  PUNKNOWN  CRI. 220 *
D BY PHYSICIAN: MEDICAL	ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WYES 2 NO  27. MANNER OF DEATH  1 Netural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only) 1 CERTIFYINO Processions	DUE TO (OR AS  DUE TO	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  D but not resulting  Putpatient 3 DOA  1993 3:  IRY — At home, farm, pecify)  PUT DEC	OF):  26. PLAC OTHER: 4   Nursing Home ME OF 28c. INJURY 20. A 1   Yes street, factory, office	ceuse given in	Part I. 24a. WAS AN PERFOR 1 TAYES 2  Deck only one)  28d. DESCRIBE HOW I SELECTION BEDI  CLIMBERT A to the cause(a) and mai	AUTOPSY TAMED? TO NO  PIIBI.I( NJURY OCCURE  STRICE FORD RD./	TINYES 2 NO  THIGHWAY  UNKNOWN  K BYEMICH  RT. 220 *  LIEGHENYT

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 6876.	DUVE
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	ANCEITA! NO ATTENDIAL DUVELLARY. The fras passings that the death partificate he assessment unithin 24 serves after death

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	98 20711	
	1. DECEDENT'S NAME (First, Middle, Last) HAROLD C. DIFH				2. DATE OF DEATH DAY	93 YEAR 10: 25 a. M	
OR	4. SOCIAL SECURITY NUMBER  217-42-6228  9a. FACILITY NAME (If not institution, give	1 X M 2 D F 84	YRS. MONT			8. BIRTHPLACE (State or Foreign Country)  Md a	
	FROSTBURG HOSP		FR	OSTBURG	EATH 94	ALLEGANY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			N OR LOCATION		10d. INSIDE CITY	
	Md. Allegany		Fro	Frostburg		1 YES 2 NO	
FUNERAL	83 W. Main St.		21532		U.S.A.		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced			13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexici 1  YES 2 NO Specifi	an, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, Whita, stc. Specify: White	
COMPLETED	15. OECEDENT'S EOU (Specify only highest grad	e completed)	16a. OECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during most of working	16b. KINO OF BUSINE		
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		L Doctor	Hospit	tal - Private	
BE CO	17. FATHER'S NAME (First, Middle, Last) Floyd C. Diehl				18. MOTHER'S NAME (First, Middle, Melden Surname) Martha Geis		
10	19a. INFORMANT'S NAME (Type/Print) Oroha Diehl			Main St., Fro			
	20s. METHOD OF OISPOSITION 1 Burlel 2 Cremetion 3 Ran 4 Donetton 5 Other (Specify)	noval from State 20b. F	PLACE AND DATE OF OIS tery, crematory prother place and SVIIIe	POSITION (Nama of	DATE 20c. LOCATI	ion - City or Town, State tsville, Md.	
	21. BIGNATURE OF YUNERAL SERVICE LI			22. NAME AND ADDRESS OF FA			
	23. PART I. Enter the diseases, or shock or heart fellure	complications that caused	the death. Do not er	ter the mode of dying, aud	ch as cardiac or respirate		
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Carcinoma of the prostate						
Z	Due to (or as a consequence of):  Metastases to Lungs and Bones						
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  Malnutrition  DUE TO (OR AS A CONSEQUENCE OF):						
	PART II. Other aignificant condition	ns contributing to death bu	t not resulting in the	underlying ceuse given in			
: MEDICAL					PERFORMED  1 Tyes 2		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	neck anly one)		
IYSI	1 YES 2 NO	HOSPITAL:		Nursing Home 5 - Residence			
BY PI	1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK?  M 1 YES 2 NO			26d. DEȘCRIBE HOW INJURY OCCUREO		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.						
BE	296. SIONATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  7 107 (C. 2)						
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  ANGEL H. ROQUE 48 TARN TERRACE FROSTBURG, MD 21532						
	31. DATE FILED (Month, Day, Year)  JUL 0 7 53	32. REMISTRAR'S SIGNAT	-Audus				

10-2 .0 -02

		FOR
1	_	STATE
U	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	^	V-10			The second secon		3. TIME OF DEATH
	PATRICIA	A	Davis			MONTH DAY YEAR		1:15
	4. SOCIAL SECURITY NUMBER	5, SEX B, AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	JUNE .		7 77 3
1		0.50	100	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coc	TTHPLACE (State or Foreign untry)
	239-42-4386	1 - M 3/3 F 70	/ THS.			9-27-22	N . (	CAROLINA
1	Sa. FACILITY NAME (If not institution, give s	freet and number)			OR LOCATION OF DE		9c COUNTY OF	DEATH
9	SOUTHERNILLARY	LAND HOSE	DITAL	CLINT	ON, MAR	YLAND	4PINING	GEORGE,
DIRECTOR	RESIDENCE OF DECEDENT	4					170.1400	-00000
2	10e. STATE 10b. COUNTY	ľ	I .	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	D.C		W	ASHING	TON			1 YES 2 NO
4	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	5816 FOOTE ST	N.E.		2	0020		U.S.	71
13	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14. RA	ACE — American Indian.
1	1 Never Married 2 Merried	FORCES? 1 YE	S 2 NO	Il yes, sp	ecify Cuban, Mexica	n, Puerto Rican, etc.)	BI	ack, White, etc.
æ	3√ Widowed 4 □ Divorced	120, 0.12 1201 011	on co	10 120	2 X X Specify			BLACK
ETED	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS		
I E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of v	vork done during me	ost of working			
1 4	9 th	College (1-4 or 5+)	HOUSE	KEEPER		PRIV	ATE	
COMPL	17. FATHER'S NAME (First, Middle, Last)		_ noobb	NBB1 BIC				
						ME (First, Middle, Maiden	1000000	
	JULIUS P.BURNS					E.TURNE		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	loute Number, City or Town	n, State, Zip Code)	WD 20746
	MARIAN B.STEWA	RT	3500	Silve	r Park	Drive SU	ITLAND	MD 20746
5	20e. METHOD OF DISPOSITION  1. Buriel 2 Cremation 3 Rame		0b. PLACE AND DATE		ame of	DATE 20c. LO	CATION — City or	Town, Stata
	4 Donation 5 Other (Specify)	And Hotel State	emetery, crematory or of		שמות זה	7.71	NDOVER	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEX	Car	22. NAME A	AT DARK	YTUK	N DITY III	ND.
TO B.	<b>→</b> 1() - 1	10.00	1,819	MODE	RN FUNE	RAL HOME		1/4
	work 1	xxxx	1 (0)	1,30	27 71th	CT N W		
	23. PART i. Enter the diseases, pr of shock, pr heart failure.	Dist only one cause on	ed the death. Do n	ot enter the mo	de of dying, such	as cardiac or respi	ratory arrest,	Approximate Interval Between
E	IMMEDIATE CAUSE (Final							
<u>.</u>	disease or condition resulting in death)	. ( M	ouce	Leve	al &	Helluc	2	124h-
		DINE TO (OR AS	A CONSEQUENCE OF	4	7			1-100
Z		. /	MAC	encon	<b>`</b>			4
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	n;				
8	cause. Enter UNDERLYING			/				
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):				
3 2	resulting in death) LAST	4						
DICAL	PART ii. Other significent condition	s contributing to death	but not resulting I	in the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	·					1 YES 2	1	COMPLETION DF CAUSE
					_		4	OF DEATH?
2 2						_		
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL			26. PI	LACE DF DEATH (Che	ock anly ane)		
	EXAMINER?	HOSPITAL:		OTHER:				
5   ≃	27. MANNER OF DEATH	1 D Impatient 2 D ER/Ou 28e. DATE OF INJURY			ne 5 🗌 Residence			
	1 Natural 5 Pending	(Month, Day, Year,		URY WO	PRK?	28d. DEŞCRIBE HOW II	NJURY OCCURED	
	2 Accident Investigation			M 1				
	3 Suicide 8 Could not be	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, lerm, a pecify)	street, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
COMPLETED	4 Homicide determined							
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, death occurre	ed at the time, date	end place, end due	to the cause(e) and men	ner as stated	
. E		R: On the beels of examinat						e(e) and menner as stated
[	295 SIGNATURE AND TITLE OF CERTIFIER		4 1					
BE	100 Dillion Centres	D MA	SIM	-1-	29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)
2	of the wall D-C455 Wallsta						48192	
-	The state of the s							
	LAXMIN, BERWA MID, 7700 OLD BRANCH AVENUE GIOI CLINTON, MARYLAND 20735							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	nature Panda	00		7	1 1/1	
	JUN 2 2 1993	3 grova Dai	4dson-Mande	مانا				

BALTMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21119-0620	PMYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or articular and subject on the control of the cont	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal transit permit. Pages 1, 2, 3 should be detached for use as the burnal transit permit. Pages 1, 2, 3 should be detached for use as the burnal transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has find within 20 hours after death with the State Death and Martial Humban prior to hursal promotion or common

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO		20716
		1. DECEDENT'S NAME (First, Middle, Last) GREGOR	Y J. DAV	IE		2. DATE OF DEATH DO 10 1	AV YEAR 6 93	3. TIME OF DEATH 7:00 P
		4. SOCIAL SECURITY NUMBER 039-38-2425	1 M 2 D F	37 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 2, 1	Cou	TNPLACE (State or Foreign nitry)  D T A N A
	стоя	9a. FACILITY NAME (If not institution, give : PRINCE GEORGE S RESIDENCE OF DECEMENT		1	CHEVERLY	EATH	9c. COUNTY OF PRINCE	E GEORGE S
	O BE COMPLETED BY FUNERAL DIREC	10a. STATE 10b. COUNT MARYLAND PRIN	CE GEORGE'		TOWN OR LOCATION BOWIE		<del></del>	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
		106. STREET AND NUMBER  15811 ATOMIC I	ANE		101. ZIP CODE 2071	5	10g. CITIZEN OF	WHAT COUNTRY?
		11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify NO Specify	an, Puerto Rican, etc.)		CE — American Indian, lick, White, etc.
		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION e completed) College (1-4 or 5+)	18a. DECEDENT'S U: (Give kind of wo ille. Do NOT use	k done during most of working		SINESS/INDUSTRY	BUACK
at once.		17. FATHER'S NAME (First, Middle, Last)	5+	RETAI	MANAGER 18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
		THOMAS DAVT  19a. INFORMANT'S NAME (Type/Print)	E	19b. MAILING A	DDRESS (Street and Number or Rural	YLLIS BRO Route Number, City or Town		
be notified	۲	LYNN J. DAV	IE		L ATOMIC LAN			ND 20716
nust		20a. METNOD OF DISPOSITION  1) Surial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		o. PLACE AND DATE OF netery, crematory or othe			CATION — City or	
examiner must		21. SIGNATURE OF FUNERAL SERVICE LI		KEMONT I	TEMORIAL GARI 22. NAME AND ADDRESS OF FA	DEN - IDAV	IDSONV	ILLE, MD
i exan		Mawake	2 of 1010	Wton	J.B. JENI	KINS FUNE		
event, the medical		23. PART I. Enter the disesses, or shock, or heert feliure.  IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	a. DUE TO (OR AS A	A CONSEQUENCE OF):	enter the mode of dying, suc	ch se cerdlec or respi	retory errest,	Approximeta Interval Between Onset and Death
or other traumatic e	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	RAILURE			
injury.	AL C	PART II. Other significant condition	ns contributing to deeth b	out not resulting in	the underlying ceuse given in			b. WERE AUTOPSY FINDINGS
shows any	MEDIC					PERFOR  1   YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C)	eck only one)		
6	PHYSI	1 YES 2 NO	1   Inpetient 2   ER/Outp	patient 3 DOA 4	THER: Nursing Nome 5 Residence			
Is marked,	B	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28a. PLACE OF INJURY	28b. TIME (INJUR	WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW II 28l. LOCATION (Street a		Dorda Mumbar
28	ETED	3 Suicide 8 Could not be detarmined	building, etc. (Spec	offy)		City or Town, State)	THE CONTRACT OF THE CASE	Tioute Humber,
TANT: If item	COMPLET	29s. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated, one)  2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.						
IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF GERTIFIE	mo.		29c. LICENSE NUI		29d. DATE SIGNE ▶ 6 \ 2	0 (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHE	- P.C.C.	AIH (ITEM 27) (Type, Pi	int)			
1		JUN 2 1 1993	32. REGISTRAR'S SIGN.	ATURE				
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The things the certificate has been signed by the attending physician and completely filled in by the thing district page 5 should be detached for use as the burial-trans in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, in them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical Examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY			F DEAT		NTAL HYGIEN REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, Last)	NTAS		DA	115	2.	DATE OF DEATH	NY.	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE	V I S	4 MD0 7	DATE OF BIRTH	3	1993	7:49 RM ACE (State or Foreign
	126-20-6272	1 - M 2 XF 65		MONTHS DAY		MIN.	(Month Day Year)	128	Country	CArolin
œ	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOV	N OR LOCATION	N OF DEATH	7-0/1	9c. COL	INTY OF DEAT	TH .
OTO	Doctors Commun	ity Hospi	tal	Lanh	am, MA	ryla	nd	Pri	nce (	Georges
DIRECTOR	10a. STATE 10b. COUNT		- 1	Y, TOWN OR LO	CATION				10	d. INSIDE CITY LIMITS?
	Maryland Prin 100. STREET AND NUMBER	ice George:	s   La:	nham	10f, ZIP CODE			100 017	IZEN OF WHA	XYES 2 NO
FUNERAL	9873 Good Luck	Road, #4			207	06			S.A.	COONTRY
B≺	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR S	275110	If yes	DECENDENT OF specify Cuban,	Maxican, Pu	PRIGIN? (Specify Yea uerto Rican, etc.)	or No—	Black, W	American Indian, //hita, etc.
	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	-	16b. KIND OF BUS	INESS/IN		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	ewife			Priva	1+0		
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)		nous	EWILE	18. MOTHE	ER'S NAME (	First, Middle, Malden			
BEC	Lomas Pruden.	Sr.			Bet	tie	Sessoms	3		
6	19a. INFORMANT'S NAME (Type/Frini) Sims Davis, Sr	•	196. MAILING 115	ADDRESS (SING	etan <b>W</b> vym <b>B</b> rø eet, W	r Aural Acute Iashi	Number, City or Town	D . C	p Code) 2 C	0012
	20e, METHOD OF DISPOSITION 1 & Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	b.PLACE AND DATE metery, cremetory or o	ther niecel	(Neme of ery 6/	28/9			er, N	
	21. SIGNATURE OF FUNERAL SERVICE LIC		- 71	22. NAMI	AND ADDRESS	OF FACILIT	Funoral	ЦО	mo	
	Muuan	a 1 10	Laytor	17474	l Land	lover	Rd. /	Lan	dover	$^{20785}$
		complications that cause List only one cause on a	ed the deeth. Do r	Dt enter the	moda of dyln	g, such aa	cerdiac or reaple	ratory sr	rest,	Approximats interval Between
	immediate cause (Final disease or condition resulting in death)	DUE TO (OR AS	MYDOAR	DIAL	WFAR	CTIOI	N			Onset and Death
z		b. LEFT VE		•					-	
RTIFICATION	it arry, resulting to infiniediate					6 1190				
FIC	CAUSE (Disease or Injury that initiated events	CHRONIC DUE TO (OR AS	A CONSEQUENCE OF	KIEN,	NON					
CERT	resulting in death) LAST	d								
AL C	PART II. Other algnificant condition	s contributing to deeth i	but not reaulting	n the underly	ring ceuse giv	ven in Part				RE AUTOPSY FINDINGS
MEDIC							PERFOR		CO	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
									1 (	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEA	ATH (Check o	nly one)			
2	1  YES 2 NO	1 Inpatient 2 ER/Out	petient 3 DOA		ome 5 🗆 Resi	-				
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY	INJURY AT WORK? YES 2		I. DEŞCRIBE HOW IN	JURY OC	CURED	
MPLEIED	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, a cify)	treet, factory, o	ffica	28f.	LOCATION (Street a City or Town, State)	nd Number	or Rural Route	Number,
Į		CIAN: To the best of my know								
3	2 MEDICAL EXAMINES  29b. SIGNATULE AND TITLE OF CERTIFIER	R: On the basis of examination	on end/or investigatio	n, in my opinio			data and place, and			
	fill Benjar MD				D25	SE NUMBER	5		e signed (Mo	
	30. NAME AND ADDRESS OF PERSON WHI J. BERGER MD #20	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, 15 CONSIN NATURE Adson—Rand	Print) Alas	RoTL	D. n.	0 208	Ц		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	1100	124/02	a in	1) 2001	T		
	JUN 2 5 199	3 I India Dar	idson-Aand	ell						

BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shauld be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deor of Heath and Mental Hymens prior to hurial cremation or removal	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deut of Health and Mental Hydiene prior to hurial cremation or emmod	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF HE	ALTH AND I	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH			TIME OF DEATH
1 8	Kendall Denn	is		DENA	115		2, 199	3 0	25-4 M
- 7	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLA	CE (State or Foreign
15	216-70-6677	1 <del>M</del> 2 □ F 37	YRS.	MONTHS DAYS	HOURS MIN.	8-17-55		Country) Marv	land
_	9a. FACILITY NAME (If not institution, give st	r		9b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY		
E	PENINSULA REGIONA	AL MEDICAL CI	ENTER	SALIS	BURY		WICC	OMICO	
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	1	10c CITY	, TOWN OR LOCATIO	M			Lan	
DIRECTOR	Maryland Wice	omico					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	DIIITGO	Sali	Lsbury	IP CODE	1 YES 2 NO			
R	843 Brown St.,			101.	21801	USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	V U.S. ARMEO	13 WAS DECE	DENT OF HISPAN	IIC ORIGIN? (Specify Ye	No 14		American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spec	Ify Cuban, Mexica	n, Puerto Rican, etc.)	14 NO 14	Black, Wh	ilta, atc.
ВУ	3 🖰 Widowed 4 🗌 Divorced			1 TYES 2	K) NO Specify	<i>.</i>		Specify:	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S 1	USUAL OCCUPATION	of working	16b. KIND OF BU	SINESS/INDUS	TRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		rork done during most e retired.)	ar working	D			
M P	7th			able		Disab			
	17. FATHER'S NAME (First, Middle, Last) Vaughn Dennis, S	Sr				ME (First, Middle, Maider	Sumame)		
H	19a. INFORMANT'S NAME (Type/Print)	72.			Ruth C				
٩			1			Route Number, City or Tox	vn, State, Zlp Co	ode)	
	Donald L. Dennis			Salisbu		ryland 218			
	1 Burial 2 Cremation 3 Remo	ovel from State cam	PLACE AND DATE O	har place)			OCATION — City		
	21. SIGNATURE OF FUNERAL SERVICEARC	ENSEE	ool Sprin	g Method	ist Ceme	etery 6-26	-93 Gi	rdlet	ree, Md.
						n Funeral	7.7		
	//~			Fact	on Md				
	23. PART-I. Entar the diseases, or c shock, or heart feilure. I	omplications that caused Liet only one cause on a	tha death. Do no	ot enter the mode	of dylng, aucl	h as cardiac or reap	iratory arrea	t,	Approximata
	IMMEDIATE CAUSE (Finei			a				į	Interval Batween Onset and Death
	disease or condition resulting in desth)	Respi	rating (	Muct					
	7.470000	DUE TO (OF AS A	consequence of	):	//	-			
No	Sequentielly list conditions,	. ryiaii	CONSEQUENCE OF	griture f	Mant t	cully			
I E	if any, leading to immediate cause. Enter UNDERLYING	OUN TO TON AS A	COMBESSION CE OF	j:					
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):					
CERTIFICATION	resulting in death) LAST							İ	
AL.	PART ii. Other significant conditions	contributing to death be	ut not resulting in	the underlying	euse given in	Part i. 24a. WAS AN PERFO			E AUTOPSY FINDINGS LABLE PRIOR TO
EDIC						1 YES :		COM	PLETION OF CAUSE DEATH?
Σ									YES 2 NO
PHYSICIAN:									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	CE OF DEATH (Che	ick only one)			
ΥSI	1 YES 2 NO	1 3-Impatient 2 ER/Outp		4 Nursing Home	5 🗆 Rasidence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	JRY WORK	?	28d. DESCRIBE HOW	INJURY OCCUR	RED	
B	2 Accident Investigation	20 81 105 05 11111			3 2 NO				
8	3 Suicide & Could not be 4 Homicide determined	28s. PLACE OF INJURY building, stc. (Spec	— At home, farm, at ify)	reet, factory, offica	5"	281. LOCATION (Street City or Town, State	and Number or i	Rural Route	Number,
ш	29a. CERTIFIER				4				
I I	(Check only	CIAN: To the best of my knowle	edga, death occurred	d at the time, data ar	d place, and dua	to the cause(a) and me	nner sa stated.		
COMPLETED	2   MEDICAL EXAMINER	R: On the besis of exemination	and/or investigation	, in my opinion, des	th occured at the	time, data and place, at	nd due to the c	ause(a) and	manner as stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	have in		2	9c. LICENSE NUM		29d. DATE SI	IGNED (Mon	th, Day, Year)
0	ormala M	בוז טיייין - יי			01068	88	<b>)</b>	0/22	193
-	Donald M. WOO	MD, GL	ATH (ITEM 27) (Type, I	Doust St	s, Salist	Dury, MD	21801	1 /	
	JUN 2 5 1993	132. REGISTRAR'S SIGN				- (1)			
1 1	0011 60 1000								- 1

V 3...

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last ERIC EILER							-		
THE BELLEVILLE	)					2. DATE O	DAY 0.3	1993	3. TIME OF DEATN 4:00 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest I	birthday) #	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			HPLACE (State or Foreign
213 06 7627	1 ☑ M 2 □ F	19	YRS.	ONTHS DAYS		Marc		974 Ma	ryland
9a. FACILITY NAME (If not institution, give  MACKALL ROAD  RESIDENCE OF DECEDENT				st. Le	on Location of I	DEATH		CALVE	
10e. STATE 10b. COUN	птү		10c. CITY, T	TOWN OR LOC	ATION				10d. INSIDE CITY
Maryland Calve	ert		St. L	eonard		- 1		1 TYES 2 NO	
9895 Mackall Roa	ad	101. ZIP CODE 20685				10g. CITIZEN OF WHAT COUN			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	EVER IN U.S. ARM YES 2 THO		If yes,		PANIC ORIGIN? (Specify Yes or No.— 14. RA licen, Puerto Ricen, etc.)			ck, White, atc.	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give	e kind of worl Do NOT use n	WAL OCCUPAT k done during r etired.)	TION nost of working	18b. I	KIND OF BUSINES	S/INDUSTRY		
12		st.u	dent		14 MOTNER'S N	IAME (Sime Add	n/a Iddle, Melden Surna	and)	
Daniel JOhn Eile	er				Joyce A			(11)	
19a, INFORMANT'S NAME (Type/Print)	_	19b.	MAJLINO AD	ODRESS (Stree	and Number or Rura			te, Zip Code)	
Daniel J. Eiler	•		same	as #1	.0				
20s. METNOD OF DISPOSITION  1 Carrier 2 Cremation 3 Rs  4 Donation 5 Other (Specify)	moval from State	20b. PLACEAN cometery, crem	etory or other	r place)		7/7/93		ON — City or	fown, State  Maryland
21. SIONATURE OF FUNERAL SERVICE I	1			22. NAME	AND ADDRESS OF I	FACILITY	ausch Fu	neral	
Sequentially list conditions, if any, leading to immediate	ъ	OR AS A CONSEQU							
CAUSE (Disease or Injury	c	OR AS A CONSEQU	JENCE OF:						
	d	OR AS A CONSEQU		the underly	ng ceuse given i	In Part I.	24s. WAS AN AUTO		Ib. WERE AUTOPSY FINDIN
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d			the underly!	ing ceuse given l		249. WAS AN AUTO PERFORMED YAYES 2 N	?	AVAILABLE PRIOR TO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant conditions to the condition of the conditi	one contributing to				ing ceuse given i		PERFORMED:	?	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	death but not re	suiting in	26. OTHER:		Check only one	PERFORMED:	?	COMPLETION OF CAUSE OF DEATH?  1 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the	HOSPITAL:  1   Inpetient 2    25e. DATE OF (Month, De Carter)	death but not res	BOA 4	26. Nursing No	PLACE OF DEATH (to mme 5   Residence NUMBER AT WORK?	Check only one  6 ② Other  28d. DESC	PERFORMED:  YAYES 2 N  (Specify) RO  RIBE NOW INJUR	A DWAY	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 X YES 2 NO  IMPACT
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigations  3 Suicide 5 Could not b	HOSPITAL: 1   Inpatient 2   25e. DATE OF (Month, Da 25e. PLACE OF	ER/Outpetient 3 [INJURY 9, Year) — 1 9 9 3 [INJURY — At hometer, (Specify)	DOA 4 28b. TIME C INJUR 2 3 0	26. IV AM 1	PLACE OF DEATH (to one 5   Residence on NJURY AT VORK?	Check only one  6 © Other  28d. DESC  O C C U  26f. LOCA  City or	PERFORMED:  X X YES 2 N  (Specify) RO  RIBE NOW INJUR  PANT I  TION (Street and N  7 Yown, State)	A DWAY  V OCCURED  N A U T	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 X YES 2 NO  IMPACT O/TREE  I Route Number;
CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 XAccident 3 Suicide 5 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1   Inpertent 2   25e. DATE OF (Month, De outliding, of the best of distribution)	ER/Outpettent 3 [INJURY   A homele. (Specify) R O	DOA 4 28b. TIME C INJUR 2 3 0 10, farm, stre	26. IV Nursing No DTHER: Nursing No DY AM 1 Det, factory, of	PLACE OF DEATH (to one 5   Residence NUMBER AT WORK?  YES 2 NO lice	Check only one,  6 C Other  28d. DESC  OCCU  26f. LOCA  Chy or  MACK	PERFORMED:  X YES 2 N  (Specify) RO  RIBE NOW INJUR  PANT I  TION (Street and N 7 Town, State)  ALL RD	A DWAY Y OCCURED N AUT umber or Rura / CALV	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 X YES 2 NO  IMPACT O/TREE  Route Number.  ZERT CO.M
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are supported by the conditions and investigations are supported by the conditions are suppo	HOSPITAL: 1   Inpetient 2   25e. DATE OF (Month, De OF) 25e. PLACE OF building, 1	ER/Outpettent 3 [INJURY   A homele. (Specify) R O	DOA 4 28b. TIME C INJUR 2 3 0 10, farm, stre	26. IV Nursing No DTHER: Nursing No DY AM 1 Det, factory, of	PLACE OF DEATH (tome 5 Pasidence NJURY AT YORK?  YES 2 NO lites  Its and place, and det, death occured at the second note of th	Check only one a 6 Nother 28d. DESC O C C U 26f. LOCA City on M A C K us to the cause the time, data a	PERFORMED:  **X YES 2	A D W A Y Y OCCURED  N A U T  umber or Rural  / C A L V	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 X YES 2 NO  IMPACT O/TREE I Route Number; I ERT CO.M.
CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 XAccident 3 Suicide 5 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1   Inpettent 2   25e. DATE OF building, 1	ER/Outpatient 3 Clinuury (%) (ber) (2007) R O	DOA 4 28b. Time c INJUR 2 30 4 A D W A th occurred ovestigation,	26. IV Nursing No Nursing No Nursing No Nursing No Nursing No Nursing No Nursing No Nursing Nu	PLACE OF DEATH (to one 5   Residence NUMBER AT WORK?  YES 2 NO lice	Check only one a 6 Nother 28d. DESC O C C U 26f. LOCA City on M A C K us to the cause the time, data a	PERFORMED:  VAYES 2 N  (Specify) RO  CRIBE NOW INJUR  PANT I  TION (Street and N  Town, State)  ALL RD  Le(s) and menner a  and placa, and due	A D W A Y Y OCCURED  N A U T  umber or Rura  / C A L V  as stated.  a to the cause  I. DATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 X YES 2 NO  IMPACT O/TREE  Route Number: ERT CO.M

BALTIMORE, MARYLAND 21215-0020 ours after death DIVISION OF VITAL RECORDS, P.O. BOX 68760,

but tage 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

The B may be retained by the hospital or attending physician.

must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after east TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tun be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam

DHMH-15 Rev 1/89

permit. Pages 1, 2, 3 should use as the burial-transit by the hospital or attending physician. ORE, MARYLAND 21215-0020 be detached for us once. स्र notified pe must death. Page Infuneral director examiner removal. medicai filled in by th 0 n and completely fille to bunal, cremation, the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. traumatic been signed by the attending physician or. of Health and Mental Hygiene prior to shows any injury, or other traum certificate has be the State Dept. of d, or item 23 s this c marked, After 1 DIRECTOR: Affi hours after deal tem 28 is n TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho IMPORTANT: If It

BOX 68760.

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DIVISION OF VITAL RECORDS,

IUN 9

1 1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 MONTH 06 18 5:36 ARCHIE ELLIOTT PM III 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1968 CAROLINA DAVE HOURE 1 X M 2 - F 24 YRS 230-37-5455 DEC. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CENTER PRINCE GEORGES CHEVERLY 10e. STATE 10h COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND TY YES 2 | NO PRINCE GEORGE'S FORESTVILLE FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2210 OVERTON DRIVE 20747 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexicen, Puerto Rican, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2' 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) PVT. 2YRS CONSTRUCTION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) BE ARCHIE ELLIOT. JR DOROTHY COPP 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DOROTHY FLLIOT 2210 FORESTVILLE, MD 20747 OVERTON DR 20e. METHOD OF DISPOSITION

1 State 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Cemetery, crematory or other place.
HARMONY MEMORIAL PARK6-23 LANDOVER, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. JENKINS FUNERAL HOME Kawana KTOYI 7474 LANDOVER RD. LANDOVER, MD20785 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Finel Onset and Deeth disease or condition . MUNTIPE GUMBOT WOUNDS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpetient 3 I DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 6/1.8/93 28b. TIME OF 1NJURY 4:56 M 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 TES 2 NO B SUBJECT WAS SHOT BY POLICE 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number of Brail No. 1997 KWAY 6 Could not be determined COMPLETED 4 America STREET MARBURY DRIVE 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 14xll Usrel 06/19/93 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) phypricop A. 10 REVILLI Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

per he transport of the H

Wayner Don-free

YEAR

3. TIME OF DEATH

2. DATE OF DEATH DAY

			Joseph 4. SOCIAL SECURITY NUMBER	Henry	Ep,	25				MON	6 2	2 9	YEAR 3	3400 M
				5. SEX 1 (X) (0) 2   F	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1	1 YEAR DAYS	HOURS MIN	. (Mo	E OF BIRTH nth, Day, Year)		Country)	CE (State or Foreign
should			9a. FACILITY NAME (If not institution, give si		53	1113.	9b. CITY	TOWN O	R LOCATION OF		2/13/39	9c. COUNT	Virgi	
2, 3 st	- 1	e e	534 Wilson Bri	das on					14:11			6	)a	
<del></del>		EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c CIT	Y, TOWN OF						/	
permit. Pages		DIRECTOR		e George's	5		n Hil		ON					I. INSIDE CITY LIMITS? TYPES 2 NO
permi			10e. STREET AND NUMBER			OXO	1 1111		ZIP CODE			10g. CITIZE		COUNTRY?
an.	ł	FUNERAL	546 Wilson Bridge					2	20745			US	SA	
215-0020 attending physician. ise as the burial-transit		BY	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 XX Divorced	12. WAS DECEDENT FORCES? 1 () IF YES, GIVE WA 1959—197	YES 2	ARMED NO	11	yes, spe	ENDENT OF HIS city Cuben, Mes 2 NO Spi	Ican, Puert		3555	Specify:	American Indian, hite, etc.
_ 5		ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a.	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of			TION 165 KIND OF BUSINESS/INDUST					
CO R D	6	COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	R	etire	I US	Army			Milita	ry		
LAI the l	at once.		17. FATHER'S NAME (First, Middle, Last)  Joseph F. Epps							Middle, Malder	,			
MARYLAND e retained by the hospit 5 should be detached notified at once.		8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street en	Georg		nnicks		a efa l		
		임	Rosa Key						t. Phi					
2	\E		20a METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remo	oval from State	20b. PLAC	FANDDATE	NE DISPOSIT	TION /Non	ne of		TE 200 10	CATION CH	. as Tours	State
	E		4 Donation 8 Other (Specify)	A	Arl	ingtor	Nat	. Ce	metery	6/28	/93 Ar	lingto	n, Va	a
BALL er den. P the nemin val.	Hues			clas ha			Geo	orge	P. Ka	las F	uneral	Home	37.1	20715
S after by the	medical		23. PART I. Enter the diseases, or o	omplications that	caused the	daath. Do r	ot enter t	tha mod	xon Hi	uch as ca	rdiec or reap	HIII.	Md.	20745 Approximate
executed within 24 hour and completely filled in thing of the complete comp	rent, the		IMMEDIATE CAUSE (Final	list only one cause	e on eech II	ne.								Interval Between Onset and Death
P.O. BOX 6871 th certificate be executed tending physician and con-	traum	CERTIFICATION	disease or condition resulting in death)  a. Sudden Consumer.  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury						was	reco	De	see		
	ry, or other	CERTIF	that initiated events resulting in death) LAST	J	OR AS A CONS	SEOUENCE OF	F):							
RECORDS, requires that the degreen signed by the at	shows any injury,	- 111	PART II. Other aignificant condition	contributing to de	eeth but no	t resulting l	n the und	lerlying	ceuse givan	In Part I.	24e. WAS AN			RE AUTOPSY FINDINGS ILABLE PRIOR TO
TECOI equires the	e su	MEDICAL	paroratie 1	- Toron							1 TYES	XX NO		WPLETION DF CAUSE DEATH?
PECC v requires been signe		Σ Σ	promatice 1	messe									1 [	YES 2 NO
VITAL  AN: The law tificate has	ш 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL/	CE OF DEATH	Check only	one)			
F VITAL SICIAN: The la certificate has	- 01	> II	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   E	ER/Outpatient	3 🗆 DOA	OTHER:		5 - Residenc	8 DOI	er (Specify)	Apt. B	Builder	ics BARMENT
O 중심통	ked,	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	Hury Hear)	28b. TIM INJ	E OF 2	28c. INJU WOR 1   YE		28d. Di	SCRIBE HOW			
OIVISION OR ATTENDING DIRECTOR: After	28 is	ETED 6	3 Suicide 6 Could not be determined	28e. PLACE OF I building, etc	INJURY — At c. (Specify)	home, farm, s	treet, factor	ry, office			CATION (Street y or Town, State		Rural Route	Number,
DIV HOSPITAL OR A FUNETIAL, DIREC	=	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED	CIAN: To the best of m										I menner ea stated.
E E E		w II	29b. SIGNATURY AND TITLE OF CERTIFIER	. /					29c. LICENSE N	UMBER		29d. DATE S	IGNED (Mor	nth, Day, Year)
PE	1	2	20 NAME AND ADDRESS OF STREET	Bur					0171	62		1 61	122/	93
(19	- 1		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	953	TEM 27) (Type,	Print)	my	UPP	ermi	mbore	, Mo	207	72
			JUN 2 5 1993	32. REGISTRAR	S SIGNATURE Davidson	-Rande	e ·	$\mathcal{J}$				/		

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), BALTIMORE, MARYLAND 21215-0020	ithin 24 rouns after death. Page 6 may be retained by the hospital or attending physic	etely men in the serial director, page 5 should be detached for use as the burial.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely may be a real director, page 5 should be detached for use as the burial-to-make within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent, of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death with the State Dent. of Health and Mental Hydiene prior to burial, cremanness after death and the state of the state	IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAR	RYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.	93 20122								
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF OEATH								
	Roberta Evans	r	MONTH DAY	93 73P M								
		AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR	MANUAL CONTRACT	8. BIRTHPLACE (State or Foreign								
	217-30-2445 ¹□M²ⅪF	65 YRS. MONTHS DAYS HOURS MIN	Month, Day, Year) APRIL 3.1928	Country)  MARYLAND								
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF		JNTY OF DEATH								
OR	makolm grow meane Ctr	Andrews Aft	3	ba								
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY											
E .	IOE. COONTY	10c. CITY, TOWH OR LOCATION		10d. INSIDE CITY LIMITS?								
	N/A N/A	WASHINGTON		1- YES 2 NO								
A A		10f. ZIP CODE	1 0	FIZEN OF WHAT COUNTRY?								
FUNERAL	5822 FOOTE STREET #1  11. MARITAL STATUS  12. WAS DECEDENT EV	2001		USA								
	1 Never Married 2 Merried FORCES? 1 FYES, GIVE WAR (	YES 2 NO If yee, specify Cuben, Mes		14. RACE — American Indian, Black, White, etc.								
ВҰ	3 ₩ Widowed 4 □ Divorced	OR DATES 1 YES ZY NO Spi	ecify:	Specify:								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/IN	BLACK DUSTRY								
🔄	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)										
M M	12+h	HOUSEWIFE	PVT.									
8	17. FATHER'S NAME (First, Middle, Last)		NAME (First, Middle, Maiden Surname)									
BE	JAMES PINKNEY	EDI	TH HARRISON									
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rule)	ral Route Number, City or Town, State, Zi	ip Code)								
	FLORENCE GREEN	9224 DARCY RD. U	PPER MARLBORO	,MD 20772								
l ji	20e. METHOD OF DISPOSITION 1 1 1 Particular State	20b. PLACE AND DATE OF DISPOSITION (Nama of cametery, crematory or other place)	DATE 20c. LOCATION -	City or Town, Stata								
	4 Donation 5 Other (Specify)	HARMONY MEMORIAL PA		OVER, MD								
		22. NAME AND AODRESS OF	KINS FUNERAL	HOME								
	Vuawana L. E	100 10 1 7474 LANDO	VER RD. LANDO	OVER, MD20785								
	23. PART I. Enter the diseases, or complications that call shock, or heart fellure. List only one cause of	used the death. Do not enter the mode of dying, e	uch as cardiec or respiratory as									
	IMMEDIATE CAUSE (Finel			intarval Between Onset and Death								
	disease or condition resulting in daeth)  e. Sudder	AS A CONSEQUENCE OF:										
	DUE TO (OR	AS A CONSEQUENCE OF):										
O	Sequentially list conditions, b. Hyper Ju	nsie Adus Salustie Ca AS A CONSEQUENCE OF):	ulio Vagerla M	use								
A	if any, laeding to immediate cause. Enter UNDERLYING	AS A CONSECUENCE OF):										
윤	cause. Enter UNDERLYING											
= 1	CAUSE (Disease or injury that initiated events DUE TO (OR	AS A CONSEQUENCE OF):	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):									
H		AS A CONSEQUENCE OF):										
CERTIFICATION	that initiated events DUE TO (OR resulting in death) LAST	·										
AL	that initiated events DUE TO (OR	·	in Pert i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO								
AL	that initiated events DUE TO (OR resulting in death) LAST	·										
AL	that initiated events DUE TO (OR resulting in death) LAST	·	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
AL	that initiated events reculting in death) LAST  PART II. Other aignificent conditions contributing to dee	th but not resulting in the underlying ceuse given	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
AL	that initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to dee  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:	th but not resulting in the underlying ceuse given 28. PLACE DF DEATH	PERFORMED?  1 YES 2 D RO  (Check only one)	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
AL	DUE TO (OR resulting in death) LAST  PART II. Other aignificent conditions contributing to dee  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO HOSPITAL: 1   Inpatient 2   SERV	th but not resulting in the underlying ceuse given  28. PLACE DF DEATH ( Outpatient 3 DOA 4 Numing Home 5 Recidence	PERFORMED?  1 YES 2 D RO  (Check only one)  2 8 Other (Specify)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO								
PHYSICIAN: MEDICAL	DUE TO (OR reculting in death) LAST  DUE TO (OR d	th but not resulting in the underlying ceuse given  28. PLACE DF DEATH ( Outpatient 3 DOA 4 Nursing Home 5 Residence IRY 28b. TIME OF 180. INJURY AT WORK?	PERFORMED?  1 YES 2 D RO  (Check only one)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO								
BY PHYSICIAN: MEDICAL	DUE TO (OR recuiting in death) LAST  DUE TO (OR d	28. PLACE DF DEATH (  Outpetient 3 DOA 4 Nursing Home 5 Recidence (  RRY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO	PERFORMED?  1 YES 2 TO RO  (Check only one)  28 Other (Specify)  28d. DESCRIBE HOW INJURY OC	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO								
BY PHYSICIAN: MEDICAL	DUE TO (OR reculting in death) LAST  DUE TO (OR d	28. PLACE DF DEATH (  Outpetient 3 DOA 4 Nursing Home 5 Recidence (  RRY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO	PERFORMED?  1 YES 2 D RO  (Check only one)  2 8 Other (Specify)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO								
BY PHYSICIAN: MEDICAL	DUE TO (OR recuiting in death) LAST  DUE TO (OR d	28. PLACE DF DEATH Outpatient 3 DOA 4 Nursing Home 5 Recidence SIRY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO Specify)	PERFORMED?   1   YES 2   NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  CCURED  TO Flural Route Number,								
BY PHYSICIAN: MEDICAL	DUE TO (OR recuiting in death) LAST  DUE TO (OR d	28. PLACE DF DEATH (  Outpatient 3 DOA 4 Numing Home 5 Recidence in Specify)  28. PLACE DF DEATH (  OTHER:  OWNERS 1 NUMBER AT	PERFORMED?  1 YES 2 NO  (Check only one)  28 Other (Specify)  28d. DESCRIBE HOW INJURY OC  28f. LOCATION (Street and Number City or Town, State)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  COURED  TO Rural Route Number,								
COMPLETED BY PHYSICIAN: MEDICAL	DUE TO (OR reculting in death) LAST  DUE TO (OR d	28. PLACE DF DEATH ( Outpetient 3 DOA 4 Nursing Home 5 Recidence  OUTHER: Outpetient 3 DOA 4 Nursing Home 5 Recidence  INJURY At home, ferm, street, factory, office  Specify)  Inowledge, death occurred at the time, date and piece, and death oned/or investigation, in my opinion, death occurred at the street of	PERFORMED?  1 YES 2 NO  Check only one)  28d. DESCRIBE HOW INJURY OC City or Town. State)  10ue to the cause(e) end menner ee ats the time, date and place, end due to the cause (e).	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  TO Flural Route Number,  sted, the cause(e) end manner ee stated.								
BE COMPLETED BY PHYSICIAN: MEDICAL	DUE TO (OR recuiting in death) LAST  DUE TO (OR d	28. PLACE DF DEATH (  Outpatient 3 DOA 4 Numing Home 5 Recidence in Specify)  28. PLACE DF DEATH (  OTHER:  OWNERS 1 NUMBER AT	PERFORMED?  1 YES 2 NO  Check only one)  28d. DESCRIBE HOW INJURY OC City or Town. State)  10ue to the cause(e) end menner ee ats the time, date and place, end due to the cause (e).	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  COURED  TO Rural Route Number,								
E COMPLETED BY PHYSICIAN: MEDICAL	DUE TO (OR reculting in death) LAST  DUE TO (OR d	28. PLACE DF DEATH (  Outpatient 3 DOA 4 Nursing Home 5 Residence INJURY M 28c. INJURY AT WORK? 1 YES 2 NO  FURY — At home, ferm, street, factory, office Specify)  Inowledge, death occurred at the time, date end piece, end of station end/or investigation, in my opinion, death occurred at the time, date occurred at the time, date end piece, end of the station end/or investigation, in my opinion, death occurred at the time.	PERFORMED?  1 YES 2 NO  Check only one)  28d. DESCRIBE HOW INJURY OC City or Town. State)  10ue to the cause(e) end menner ee ats the time, date and place, end due to the cause (e).	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  TO Flural Route Number,  sted, the cause(e) end manner ee stated.								
BE COMPLETED BY PHYSICIAN: MEDICAL	DUE TO (OR recuiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Inpatient 2   JER/ (Month, Day, Ye   Last of my known)   Last of my known)   Last of my known   Las	28. PLACE DF DEATH (  Outpatient 3 DOA 4 Nursing Home 5 Residence in Specify)  28b. TIME OF INJURY M 28c. INJURY AT WORK?  1 YES 2 NO  RIVERY — At home, ferm, street, factory, office institution end/or investigation, in my opinion, death occurred at the time, date end piece, end of the institution end/or investigation, in my opinion, death occurred at the time, date end piece, end of the institution end/or investigation, in my opinion, death occurred at the time, date end piece, end of the institution end/or investigation, in my opinion, death occurred at the time, date end piece, end of the institution end/or investigation, in my opinion, death occurred at the time, date end piece, end of the institution end/or investigation, in my opinion, death occurred at the institution end/or investigation, in my opinion, death occurred at the institution end/or investigation.	PERFORMED?  1 YES 2 D RO  (Check only one)  28 Other (Specify)  28d. DESCRIBE HOW INJURY OC City or Town, State)  (ue to the cause(e) end menner ee ata the time, date and placs, end due to the time, date and placs, end due to the time.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO  CCURED  FOR THURSE ROUTE Number,  AND THURSE OF THURSE OF CAUSE OF								
BE COMPLETED BY PHYSICIAN: MEDICAL	DUE TO (OR reculting in death) LAST  DUE TO (OR d	28. PLACE DF DEATH (  Outpatient 3 DOA OTHER: 4 Nursing Home 5 Recidence INJURY AT WORK? 1 YES 2 NO  Specify)  F DEATH (ITEM 27) (Type, Print)  CRANGE HOLD IN THE UNITY OF PRINTING AND AND AND AND AND AND AND AND AND AND	PERFORMED?  1 YES 2 NO  Check only one)  28d. DESCRIBE HOW INJURY OC City or Town. State)  10ue to the cause(e) end menner ee ats the time, date and place, end due to the cause (e).	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO  CCURED  FOR THURSE ROUTE Number,  AND THURSE OF THURSE OF CAUSE OF								

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inter of the control	funer	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1. DECEDENT'S NAME (First, Middle, Last)	1				F DEA		2. DATE OF	DEATH			3. TIME OF OEATH
gar	et Mary	Eleniew	ski					July	5 DAY	199	YEAR	
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. I	lest birthday)	IF UNDER 1 YEA	_		7. DATE OF E	BIRTH		6. BIRTHP	LACE (State or Forei
	148-34-5795  90. FACILITY NAME (If not institution, give:	1 M 2 F street end number)	91	YRS.	9b. CITY, TOW			pril	25,		New TY OF DEA	Jersey
CTOR	Calvert Manor No	ursing Hom	ne		Calvert(Rising Sun) Cecil							
DIREC	10a. STATE 10b. COUNT			10c. CIT	CITY, TOWN OR LOCATION						1	10d. INSIDE CITY
	Maryland Ced	cil County	,	C	alvert	(Risi		ın)		10a, CITIZ		LIMITS?  1 T YES 2 NOTE  NAT COUNTRY?
ER.	1881 Telegraph	Road	Risi	ng Su	$_{n}$	Maryl	and S	71211				USA
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT FORCES? 1	EVER IN U.S. A		13. WAS E	ECENDENT (	OF HISPANIC	ORIGIN? (S	pecify Yes o	or No-	14. RACE - Black,	- American Indian, White, etc.
D BY	3 Widowed 4 Divorced	IF YES, GIVE WA				ES 2 OF NO	Specify:	230,000,000			Specify: Whi	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	1	Give kind of a ife. Do NOT us	USUAL OCCUPA vork done during le retired.)	ATION most of worki	ng	16b, KIN	ID OF BUSIN	NESS/INDL	JSTRY	
COMPL	12	2		Teac	her			100	Educe		า	
8	17. FATHER'S NAME (First, Middle, Last)  Walter	Muers				18. MOT		(First, Middle  na Co		,		
TO B	19e. INFORMANT'S NAME (Type/Print)	MyCr G	1	19b. MAILING	ADDRESS (Street	et and Number					Code)	
F	Margaret E. Bro	own		12 Ju	niper l	Hill L	ane,	Lande	enberg	g, Po	a. 19	350
	20a. METHOD OF DISPOSITION 1-10 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, c	rematory or of	her place)			DATE	20c. LOCA			Taken
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Pe	enn ing	ton Cer			8/93	Penr	ningi	ton.	New Jer:
	Kevin D. C	Collin	W #	196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and 12 Juniper Hi  206. PLACE AND DATE OF DISPOSITION (Name Commeter), crematory or other place)  197. NAME AND Edward  198. MAILING ADDRESS (Street and 12 Juniper Hi  208. PLACE AND DATE OF DISPOSITION (Name Commeter), crematory or other place)  198. MAILING ADDRESS (Street and 12 Juniper Hi  209. PLACE AND DATE OF DISPOSITION (Name Commeter), crematory or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND Edward  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode abook, or heart fellure. List only one ceuse on each line.  18 IMMEDIATE CAUSE (Fine)								Inc.
- 11	shock, or heart feilure	complications that	ceused the d	seath. Do n								Approximate
RTIFICATION	shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. MYO (	CARDI	AL [] EOUENCE OF	VFARCE  1) (SEA	TION						Approximate Interval Bets
L CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. MYU ( DUE TO (O  C. DUE TO (O  d. DUE TO (O	OF AS A CONSI	EQUENCE OF	VFA-RC i	TION HSE	ing, auch	aa cerdiac	or reepira	atory arre	24b. W	Approximate interval Bets Onset and D
MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. MYU ( DUE TO (O  C. DUE TO (O  d. DUE TO (O	OF AS A CONSI	EQUENCE OF	VFA-RC i	TION HSE	ing, auch	na cerdiec	or reepira	utory arre	24b. W	Approximate interval Bett Onset and E Onse
MEDICAL CERTIFI	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition OLD ACE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. MYU ( DUE TO (O  C. DUE TO (O  d. DUE TO (O	OF AS A CONSI	AL [] EQUENCE OF EQUENCE OF	ot enter the r  VFA-RC i  7:  1) (SEA	TION HSE	ing, auch d	na cerdiec	or reepira	utory arre	24b. W	Approximate Interval Bets Onset and D
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PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition OLD ACE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. MYU ( DUE TO (O  C. DUE TO (O  d. DUE TO (O	OF AS A CONSI	AL [I] EQUENCE OF LEGUENCE OF PROJECT OF LEGUENCE OF L	THE INTERIOR DE LE COFFER	TION HSE	given in Pa  EATH (Check teldence 8	ert I. 24a. 1	or reepira  . WAS AN ALL PERFORMI  YES 2 [1	UTOPSY ED7	24b. W A C C O 1	Approximate interval Bett Onset and E Onse
BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition OLD ACE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. MYU ( DUE TO (O I SCH  DUE TO (O C. DUE TO (O d. DUE TO (O I SCH  DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	OR AS A CONSI OR	AL [] EQUENCE OF  EQUENCE OF  FRAUENCE OF  F	THERE OF LEGGLERY M 1	PLACE OF D	given in Pa	irt I. 24a. 1 1	. WAS AN ALL PERFORMI  YES 2 (1	UTOPSY ED? NO	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximate interval Bets Onset and E Onse
BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent condition OLD ACE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNRR OF DEATH  1 Netural 5 Pending Investigation  29 Accident Suicide 8 Could not be determined  290. CERTIFIER (Check only) 1 CERTIFYING PHYS	B. DUE TO (O  I SCH  DUE TO (O  I SCH  DUE TO (O  C. DUE TO (O  d  HOSPITAL:  1   Inpetient 2   E  28e. DATE OF IN (Month, Dey,  28e. PLACE OF I  building, et	DR AS A CONSI DR	AL [] EQUENCE OF  EQUENCE OF  FRAURING I  3 DOA  28b. TIMI INJ  borne, tarm, a	ot enter the r  FA-(LC)  :  () (SE)  :  1) (SE)  :  1) (SE)  26.  OTHER: 4 © Nursing H  E OF  WHY  M  1 colors  treet, factory, of	PLACE OF D  Ome 5 Re INJURY AT  YES 2 Titles  Interest and place	given in Pa  EATH (Check seldence 8 2 ] NO 2	only one) Other (Spot Bet. DESCRIB Bt. LOCATION City or You	. WAS AN AU PERFORMI  YES 2 (1  ecity)  BE HOW INJI  N (Street and wn, State)	UTOPSY ED? I NO URY OCCU	24b. WA CO O I I	Approximate Interval Bett Onset and D Onse
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition OLD ACE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation determined  2 Accident   Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	a. MYU ( DUE TO (O I SCH  b. DUE TO (O C. DUE TO (O d. DUE TO (O d. DUE TO (O DUE TO (	DR AS A CONSI ET! C  OR AS A CONSI ET! C  OR AS A CONSI OR	AL (I EOUENCE OF LEART EOUENCE OF resulting I  28b. Timinum INJ home, term, s feeth occurre r investigation	THE Underly  26.  OTHER: 4 ENERGY 28C.  UNY M 1 The Underly  irest, factory, of the time, dien, in my opinion	PLACE OF D  Ome 5 Re INJURY AT WORK? YES 2 Teles Indeed and place Indeed a	EATH (Check seldence 8 2 2 ), and due to red at the time	only one) Other (Speed, DESCRIB Bt. LOCATION City or Tow	. WAS AN AL PERFORMI YES 2 (1) ecity) SE HOW INJ! N (Street and win, State) end menne	UTOPSY ED?  NO  UNITY OCCU	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximate Interval Bets Onset and Conset a
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition OLD ACE  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation   1 Netur	B. DUE TO (O  I SCH  DUE TO (O  I SCH  DUE TO (O  C. DUE TO (O  d. DUE TO (O  d. DUE TO (O  d. DUE TO (O  d. DUE TO (O  d. DUE TO (O  d. DUE TO (O  d. DUE TO (O  d. DUE TO (O  d. DUE TO (O  d. DUE TO (O  C. DUE T	OF AS A CONSI OR	EDUENCE OF LEGISLAND AND ADDRESS OF LEGISLAND	THE Underly  26.  OTHER: 4 ENERGY 28C.  UNY M 1 The Underly  irest, factory, of the time, dien, in my opinion	PLACE OF D  Ome 5 Re INJURY AT WORK? YES 2  Iffice  Iffice  29c. LICE  D 2	GIVEN IN Parameter State of the second of th	only one) Other (Speed. DESCRIE Bit. LOCATION City or You the cause(s) ne, date end	or reepira  . WAS AN AN PERFORMI  YES 2 (3)  ecity)  SE HOW IN J( www., State)  ond menne place, end c	UTOPSY ED? IURY OCCI Or es state due to the	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximate Interval Bets Onset and Conset a

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First Alledition Last)	Villiam M	iller	Eckard		2. DATE OF DEATH	3 95	3. TIME OF DEATH			
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bit	THPLACE (State or Foreign			
	217-12-2825	1 M 2 - F	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9 14 1	Co	st Virgin			
	9s. FACILITY NAME (If not institution, give stre	set and number)	0 )	9b. CITY. TOWN	OR LOCATION OF DE	ATH ·	9c. COUNTY O				
DIRECTOR	Carroll County		pital		minster		Carro				
<b>E</b>	10e. STATE 10b. COUNTY		10c, CIT	, TOWN OR LOCA	ATION			10d. INSIDE CITY			
		roll			ninster						
FUNERAL	338 Fair Avenue	e		1	21157		F WHAT COUNTRY?				
		12. WAS DECEDENT EVER	2 NO	If yes, a	pecify Cuban, Maxica	NC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		ACE — American Indian, ack, White, etc.			
BY	3 Widowed 4 Divorced	1948 - 19	949	1 🗌 YE	S 2 NO Specify	γ:	S¢	white			
TED I	15. DECEDENT'S EDUCA (Specify only highest grade of	(TION ompleted)	16a. DECEDENT'S (Give kind of w	rock done during m	ION lost of working	16b. KIND OF BUS	SINESS/INDUSTRY	,			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	worker	Sallouri		Voont	z Crea	monte			
S	17. FATHER'S NAME (First, Middle, Last)		WOTILCI		I 18 MOTHEDIS NA	ME (First, Middle, Maiden		шету			
EC	Norman O. Ecka	rd				G. Sel	,				
0	19e. INFORMANT'S NAME (Type/Print)	1.0	19b. MAILING	ADDRESS (Street		Route Number, City or Tow.					
2	William C. Ecka	ard				Westmins					
	20a. METHOD OF DISPOSITION	201	PLACE AND DATE O	E DISPOSITION /A	lame of	DAYE 20- 10	CATION CIN	Town Ctate			
	1) Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State cer	netery, cremetory or ot	her plece)	neterv	7/7 Si	Tver B	iown, stata			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	30. 11011,	22. NAME /	AND ADDRESS OF FA	CHLITY					
	<b>•</b>			Pri	tts Fune	eral Home	& Cha	pel			
	Robert K.	Pritts Sr	2	412	Washing	gton Rd.,	Westn	inster, M			
	23. PART I. Enter the diseases, or co shock, or heert fellure. Li	mplications that cause ist only one cause on a	d the daath. Do n	ot entar tha m	ode of dying, suci	h as cerdiac or respi	ratory arrest,	Approximate			
1.	Interval Betwee										
	disease or condition resulting in death)	>100 04.	( left		tof	tune	\	1193			
		DUE TO (OR AS A	A CONSEQUENCE OF	):	0						
NO N	MMEDIATE CAUSE (Final disease or condition resulting in death)  o. Should all all all all all all all all all a										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	202 10 (01110)	CONSCOURINGE OF	,.							
[윤]	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF	):							
臣	resulting in death) LAST										
	DART II OU I III										
CAL	PART II. Other significent conditione		out not resulting le	n the underlyin	ng ceuea given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음	HO AAA	. ACC	ur			1 YES 2	200	COMPLETION OF CAUSE OF DEATH?			
R		\						1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL.			LACE OF DEATH (Che	ack only one)					
Š		HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Rasidence	8 Other (Specify)					
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME		JURY AT ORK?	28d. DEŞCRIBE HOW IF	NJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation	(,			YES 2 NO						
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, st	lreet, factory, offic	CO	28f. LOCATION (Street e	nd Number or Run	I Route Number,			
TED	4 Homicide determined	authority, area (open	un <b>y</b> )			City or Town, State)					
٦	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	ledge death occurre	d at the time det	and place and due	to the amorale and ma-					
COMPLET	one) 2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation	, in my opinion,	death occured at the	time, date and place, and	d due to the caus	e(s) and manner as stated.			
U U	29b. SIGNATURE AND TITLE OF CERTIFIER		1		29c. LICENSE NUM			ED (Month, Day, Year)			
0	Dreame 1)	Row ?	W.	CPM			→ 7 1	3 92			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	chhn	oll w	III KITV	CENI			
	31. DATA FILED (Mgnth, Day, Year)	32. REGISTRAR'S SIGN	ATURE		LIKK	ULL W	UNI	GEN. HOS			
	JUL 6 '93	Julie Leviden	Andelle								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned by the law requires that the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10 A 10 10 F

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPA CERTIF	RTMENT OF H	HEALTH AND	MENTAL	HYGIEN REG. NO.	E			
10		1. DECEDENT'S NAME (First, Middle, Last) Eynice As Kens		Akins	Edwards		2. DATE (	OF DEATH		3. T	3 JO	тн <i>1</i> 4 м
pg .		4. SOCIAL SECURITY NUMBER 256-64-6325	1 🗆 M 2 💢 F 8	(In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug.	PE BIRTH Day, Year) 2 <b>2,</b> 1	909 (	country)		oreign
1, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give str FALLS TON CE RESIDENCE OF DECEDENT		PITAL		A CLS To			9c. COUNTY	OF DEATH		
permit. Pages 1,	DIRECTOR	Maryland Har	ford	100	ity, town on Local Abingdon	TION					INSIDE CIT	
Ist	FUNERAL	308 Regal Drive				21009			109. CITIZEI USA	N OF WHAT	COUNTRY?	
or attending physician.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECEMBENT OF HISPAINC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ YES 222NO Specify:  Seg Will						American Indi	ien,
4 4 E	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT (	work done during mo							
by the	BE COM	17. FATHER'S NAME (First, Middle, Last) Calvin — Ak	ins			18. MOTHER'S NA			sumamo) apman			
be retained ge 5 should e notified	TO B	196. [NFORMANT'S NAME (TypesFrint)] Milton A. Beazley  198. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, Stefe, Zip Code) 30 8 Regal Drive, Abingdon, Md. 21009										
e 6 may rector. pa		20g, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	ovel from State	. PLACE AND DATE letery, crematory or . AWLOYOV	e of disposition (Na other place) 111e Bapt	tist Cem		20c. LO	cation — city		ordvil	le,G
death. Pe funeral		21. SIGNATURE OF FUNERAL SERVICE LICE	Ve Coma	SIII	Howard	nd address of fa d K. McCo Cokesbur	omas y Roa	d. Ab:	inadon	. Md.	P.A 2100	1.
and iffin 24 hours after of concerning filled in by the list commention, or removal.		IMMEDIATE CAUSE (Final	complications that caused List only one cause on ea	ach line.	not enter the mo	de of dying, suc	th as card	ac or respi	ratory arrest	t,	Approximinterval B Onset and	nate Setween
n certificate be consumed rading the partial committee the partial partial committee or other transmitties.	RTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):										15
death death e attend	101	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRIOR										
equires that the signed by of Health and thows any I	MEDIC	PART II. Other significant continues	Contributing to death pu	ut not resulting	In the undarfying	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MEDI	COM OF E	LABLE PRIOR IPLETION OF OBEATH?	CAUSE
12 6 8 G	CIAN		HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
PHYSICIAN this certific with the S	PHYSI	27, MANUEL OF DEATH	1 Inpatient 2 ER/Outps  28a. DATE OF INJURY (Month, Day, Year)	28b. Till	ME OF 28c. INJ	URY AT			JURY OCCUP	RED		
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his nours after death with the State Ditem 28 is marked, or Item	ED BY	1 Metural 5 Pending investigation 2 Accident Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	- At home, ferm,	M 1 🗆 1	YES 2 NO	281. LOCA City o	TION (Street a r Town, State)	and Number or	Rural Route	Number,	
TAL OR VAL DIRI 72 hour	COMPLET		CIAN: To the best of my knowle									
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	BE CO	296. SIGNATURE AND TITLE OF CERTIFIER			on, in my opinion, a	29c. LICENSE NUI		ma piece, e	29d. DATE S			
5 5 3 M	70	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEL	ATH (ITEM 27) (Typ	re, Print)	7300	600		10	1/02/	153	_
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	Pukun	; Full	spar " 1.	B	-				
		0711150K-193	Lilia Doindre		2.							

	-	REGISTRAR		CI	EKIIFI	CATE OF	DEALH	REG. NO	)_		
	1. 0	DECEDENT'S NAME (First, Middle, Li	est)					2. DATE OF DEATH			3. TIME OF DEATH
		HELEN	VERA	FISHE	R			JULY 5,	1993	YEAR	02:13 м
	4. 5	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1775	a Buntu	PLACE (State or Foreign
ŀ		214-46-2843	1   M 2 X F	83	-	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country	y)
	-	FACILITY NAME (If not institution, go						03/06/1			NSYLVANIA
	- 41		distance Woods			9b. CITY, TOWN C	OR LOCATION OF DE	EATH	9c. COU	NTY OF O	EATH
5		SACRED HEART				CUMBI	ERLAND, N	MD.	A	LLEG	ANY
5	RE	STATE 10b. COL									
DIRECTOR		PA			10C. CITT,	TOWN OR LOCAT				- 1	10d. INSIDE CITY LIMITS?
	-		BEDFOR	ע	<u> </u>	HYND	MAN				1 YES 2 NO
FUNERAL	10e	. STREET AND NUMBER				10f	. ZIP CODE		10g. CIT	ZEN OF W	HAT COUNTRY?
		R. D. 1, BO	K 602				15545		1	U	SA
5	11.	MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. AR	MED			NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
		Never Married 2 Married		1 YES 2XX	МО		ecify Cuban, Maxica 2 X NO Specify	n, Puerto Rican, etc.)		Black Specif	, White, etc.
B		Widowed 4 Divorced				1.0	C & E III C C C C C C C C C C C C C C C C C	/·		apecin	WHITE
		15, DECEDENT'S E (Specify only highest gi	DUCATION	16a. DE	CEDENT'S U	SUAL OCCUPATIO	ON	16b. KIND OF BU	SINESS/IND	USTRY	
14		Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT use		st of working	200			
급	H	12		"   H	OMEM	AKER		1			
once.	17. (	FATHER'S NAME (First, Middle, Last)					18 MOTHER'S NA	ME (First, Middle, Meiden	Current -		-
至	- 44	UNGER MELI					RACHA		FFER		
B	190	. INFORMANT'S NAME (Type/Print)		101	h MAII INC.	CORFOC (Communication)					
TO BE								Route Number, City or Tow			01500
2		MARIE F. MAY						W, FROST			
must	1 28	Burial 2 Cremation 3 R	emoval from State	20b. PLACE /	AND DATE OF	DISPOSITION (Na.			CATION -		
E		Donation 5 Other (Specify)	1	HYND	MAN	CEMETE			NDMA	N, 1	PA 15545
examiner	21.	SIGNATURE OF FUNERAL SERVICE	CENSIE			22. NAME AN	D ADDRESS OF FA	EIGLER F	TIMES	AT I	TOWD
100		* 1 VII 10 11 14 (	7/1/1				MAN, PA				HOME
8	23.	PART I. Enter the diseases,	or domplications the	of coursed the de	eth Do oo						
medical		shock, or haert felly	e. List only one cer	use on each line	).	r enter the mo	de or dying, auci	n as cardiec or reap	iratory ari	est,	Approximata Interval Between
2		MEDIATE CAUSE (Finel sease or condition	0-	-	0			1			Onset end Daath
event, the		sulting in death)	a. BRAI	NStem	. Ce	Rohenie	mulas	Arri Sout			
40						1-CURUUT	17 000 00				
3			DUE TO	OR AS A CONSEC	DUENCE OF)	·	7000				
	80	quantially list conditions	DUE TO	OR AS A CONSEC	DUENCE OF)	·		n coope			
	Sec if a	equantially list conditions, any, leading to immediate	b	OR AS A CONSEC	OUENCE OF).	:					
	Serif a	any, leading to immediate use. Entar UNDERLYING	b	OR AS A CONSEC	OUENCE OF).	:					
	Sec if a cau CA tha	any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events	b	OR AS A CONSEC	DUENCE OF):						
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28 is marked, or item 23 shows any injury, or other traumatic TED BY PHYSICIAN: MEDICAL CERTIFICATION	25. \\ 27. A 27. A 29a.	WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   NO MANNER OF DEATH*  WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   NO MANNER OF DEATH*    Manual S   Pending Investigates   Could not determined to determined to could not one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one of the could	DUE TO  OUE TO  C.  OUE TO  d.  IONS contributing to  PARTICLE TO  AND TO TO  AND TO TO  OUE T	OR AS A CONSECTION OF INJURY — At hor etc. (Specify)  The property of the prop	DUENCE OF):  DUENCE OF):  DUENCE OF):  Pesuiting in  DOA (  29b. TIME INJUI  ath occurred investigation,	26. PL  OTHER:    Nursing Home OF 28c. INJU WO 1 Y eet, factory, office at the time, date In my opinion, de	ACE OF DEATH (Che 5	Part I. 24s. WAS AN PERFOR 1 YES 2  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street and City or Yown, State)  to the cause(s) and martime, date end place, en	AUTOPSY IMEO?  NJURY OCC  and Number  here as stated dies to the	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and manner as stated.
IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	25. V 27. A 1 2 3 4 29a.	WAS CASE REFERRED TO MEDICAL EXAMINER?    WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  OUE TO  C. OUE TO  d.  Ions contributing to  PROPERTY  AMONTH.  28e. PLACE Contributing.  YSICIAN: To the best of a  WHO COMPLETEO CAU-	O(OR AS A CONSECTION OF INJURY — At horeote, (Specify)  I my knowledge, decixamination and/or insection of the consectio	DUENCE OF):  DUENCE OF):  DUENCE OF):  Pesuiting in  DOA (  29b. TIME INJUI  ath occurred investigation,	26. PL  OTHER:    Nursing Home OF 28c. INJU WO 1 Y eet, factory, office at the time, date In my opinion, de	ACE OF DEATH (Che  5	Part I. 24s. WAS AN PERFOR 1 YES 2  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street and City or Yown, State)  to the cause(s) and martime, date end place, en	AUTOPSY IMEO?  NJURY OCC  and Number  ther as state d due to the	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO  Dute Number,  and manner as stated.  (Month. Dey, Year)
IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	25. V 27. A 1 2 3 4 29a.	WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   NO MANNER OF DEATH*  WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   NO MANNER OF DEATH*    Manual S   Pending Investigates   Could not determined to determined to could not one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one one one of the could not one one of the could not one one of the could not one one of the could not one one of the could not one of the could	DUE TO  OUE TO  C. OUE TO  d.  Ions contributing to  PROPERTY  AMONTH.  28e. PLACE Contributing.  YSICIAN: To the best of a  WHO COMPLETEO CAU-	OR AS A CONSECTION OF INJURY — At hor etc. (Specify)  The property of the prop	DUENCE OF):  DUENCE OF):  DUENCE OF):  Pesuiting in  DOA (  29b. TIME INJUI  ath occurred investigation,	26. PL  OTHER:    Nursing Home OF 28c. INJU WO 1 Y eet, factory, office at the time, date In my opinion, de	ACE OF DEATH (Che  5	Part I, 24a. WAS AN PERFOR  1 YES 2  90k only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street a City or lown, State)  to the cause(s) and martime, date end place, en	AUTOPSY IMEO?  NJURY OCC  and Number  ther as state d due to the	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO  Dute Number,  and manner as stated.  (Month. Dey, Year)

BALTIMORE MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may a concentrate the page 10 may be concentrated. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF OEATH
	GRANT LUCAS	FERREL	,L	MONTH DAY	93 852 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday) IF UNDER 1 YEA	R IF UNDER 24 MRS. 7	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	223- 60-6669 12 DF	48 YRS. MONTHS DAY		(Month, Day, Year) 2-14-44	Country)
	9a. FACILITY NAME (If not institution, give street and number)	9h CITY TOW	N OR LOCATION OF DEAT		VIRGINIA
DIRECTOR	POCTURS Community Hospita		A	Pa	INCL GLORRS
EC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	CATION		
	MD PRINCE GEORGE		4000		10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	10o. STREET AND NUMBER		101. ZIP CODE	10g. C	ITIZEN OF WHAT COUNTRY?
Ä	8608 Brae Brooke	prive	20706		USA
5	11. MARITAL STATUS  12. WAS DECEDENT EVER II	N U.S. ARMEO 13. WAS D		ORIGIN? (Specify Yee or No-	
BY	1 Never Married 2 Married FORCES? 1 YES 3 Widowed 4 Divorced FORCES?	ATES 1 7	ES 2 NO Specify:	rueno Hican, etc.)	
	The state of the s				Specify: Black
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	18a. OECEDENT'S USUAL OCCUPA (Give kind of work done during	TION most of working	16b. KIND OF BUSINESS/II	
۳	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)			
MP	12th	TRUCK DRIVE	:R	P	VT.
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME	(First, Middle, Meiden Surname,	)
H	JOHN H. FERRELL		MAM	IE LUCAS	
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street	et and Number or Rural Rou	ite Number, City or Town, State, a	Zip Code)
F	DIANE FERRELL	8608 BRAE	BROOKE DI	RIVE	
		PLACE AND DATE OF DISPOSITION	(Neme of	DATE 20c. LOCATION -	- City or Town, Stata
	4 Constine E Other (Constill	netery, crematory or other plece) FEORGE WASHIN	CTON CEM	6-25 ADELI	PHI, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		AND ADDRESS OF FACIL		TILLY BARKIDAND
	MILLIAMOND & MIL	Julan J.	B. JENKI	NS FUNERAL	HOME
	Francisco (). Die	W701/ 747	4 LANDOV	ER RD. LANI	DOVER,MD20785
	23. PART i. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on a	if the deeth. Do not enter the rech line.	node of dying, such a	is cerdiec or reepiratory e	Approximate Interval Between
	IMMEDIATE CAUSE (Final				Onset and Death
	disesse or condition	A CONSEQUENCE OFF	mia		
	OUE TO (OR AS A	CONSEQUENCE OF):		^	
z	ANTEMO	schoolic (	Cardes e	radular D	· Jean
읟	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):			
CERTIFICATION	CAUSE (Disease or Injury				
늗	that initiated events OUE TO (OR AS A resulting in death) LAST	CONSEQUENCE OF):			
EH	d				
	PART II. Other significent conditions contributing to deeth b	nut not regulating in the condense.	lan anno alice to D		
DICAL	ANTERIAL HYPENTER		ing ceuse given in Pe	rt i. 24a. WAS AN AUTOPS' PERFORMED?	AVAILABLE PRIOR TO
ا ق	HIMPINAL AYIONG	31,00		1 TES 2 NO	COMPLETION OF CAUSE OF DEATH?
M				_	1 TES 2 NO
PHYSICIAN:					
ᇗ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF OEATH (Check	only one)	
Š	1 ☐ Inpetient 2 ER/Outp	patient 3 DOA 4 Nursing H	ome 5 🗆 Rasidence 6 [	Other (Specify)	
둦	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. I	NJURY AT 2	8d. DESCRIBE HOW INJURY O	CCURED
A A	1 Nstural 5 Pending 2 Accident Investigation		WORK? YES 2 NO		
	3 Suicide 8 Could not be 288. PLACE OF INJURY	- At home, farm, street, factory, of	fice 20	81. LOCATION (Street and Numb	er or Rural Route Number,
	4 Homicide detarmined building, etc. (Spec	(yny)		City or Town, State)	
	29a. CERTIFIER				
COMPLETED	(Check only one)  2 MEDICAL EXAMINES: On the best of my know one)				
႘	one) 2 MEDICAL EXAMINER: On the basis of exemination	a anwor investigation, in my opinion	, assth occured at the firm	e, date and pleca, and due to	the cause(a) and manner as stated.
w l	29b. SIGNATURE AND TITLE OF CERTIFIER	10ty Medical	29 LICENSE NUMBE	R 29d. DA	TE SIGNED (Month, Day, Year)
0	Thullanellere in 's	- Kamira	0018	52 16	-20-93
-	30. NAME AND AODRESS OF PERSON, WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	. /	1 11	4.40
	n 1 A N 1/			1 - 11 -	= 1 1
	PAUL A- DEVORE MD 42	03 ( JURENUL	vres Rd F	149 130,112	My 2078/
	PAUL A- DE VORE MD 420 31. DATE FILED (MORITH, Day, Year) 32. REGISTRAR'S SIGN.	03 (JUPENUS	vry Rd F	149 1/30/118	18102 0181
	PANI A. DEVOREMD 42		vry Rd F	149 1/30/118	MD 20181

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

											-		TIEG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  Lourdes Diaz Felisilda 20,													, OO2	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMB											1993		6:40 P. M	
		573-98-7539		5. SEX		(In yrs. les		IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month,	BIRTH Day, Year)	0.0	8. BIRTHP Country)	LACE (State or Foreign
P <sub>S</sub>					02	82 yrs.							23, 1			ppine Is.
Sho Sho	œ	9a. FACILITY NAME (If not ins		•						DR LOCATION				-	NTY OF DE	
N.	DIRECTOR	12002 Ish		τ.				FO	rt W	ashi	ngtor	1	_	Prin	ice G	eorge's
Sec	Ĕ	10e. STATE	10b. COUNTY	Y			10c. CITY	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY
<u>-</u>		California	San	Francisco	0		5	San	Fran	cisc	0					LIMITS?
E.J	AL	10e. STREET AND NUMBER							101	. ZIP CODI	E		10g. CITIZEN OF			IAT COUNTRY?
ansıt	FUNERAL	370 Valasc	o Ave	nue				94134						U.S	S.A.	
nal-tr	בָּן	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	T EVER IN U.S. ARMED			WAS DEC	ENDENT C	F HISPAN	IC ORIGIN?	Specify Yea	or No-	14. RACE -	- American Indian, White, etc.
9a. FACILITY NAME (N not institution, give street and number)  12002 Ishtar St.  Fort Washington  12002 Ishtar St.  Fort Washington  10c. city, town or location											Specify:					
AS II			EDENT'S EDU	CATION		40 - 05	050511710							-	Fili	pino
ese		(Specify only	highest grade	completed)		(Gi	CEDENT'S ve kind of w Do NOT us	vork done	during mo	ON ast of workin	g	16b. K	IND OF BUS	INESS/IND	USTRY	
2	COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5-	+)		omema						N/	٨		
once.	OM	17. FATHER'S NAME (First, Mil	ddle, Last)			***	Omeme	inci		18 MOTE	IER'S NAI	ME (First, Mid				
1		Fide1	Diaz							1	lbert		Alfor			
	BE (	19a. INFORMANT'S NAME (Ty				198	. MAILINO	ADDRES	S (Street a		-	loute Number		_	Code)	
12	2	Norma Reten	er									ashing	*		,	4
2		20a. METHOD OF DISPOSITIO	ON AT -		20b	PLACEA	NDDATEC	F DISPOS	SITION /Na	me of		DATE			City or Town	
must		1 Donation 5 Other		oval from State	сел	loly	netery or of	her place	emet	erv		1	Co1	na. (	Califo	ornia
examiner		21. SIGNATURE OF FUNERAL	SERVICE LIE	ENSEE	1 1	,		22.	NAME AN	ID ADDRES	SS OF FAC	ILITY TO				721124
ЕХЭШ		> Tone	as &	1,7%	0.	11			Georg	ge P	. Kal	las Fu	inera.	I Hon	ne	1 007/5
ical		23. PART i. Enter the die	sesses, pro	Omplicefons the	t causer	the de	eth Don	Dt enter	OTOO	de of du	no such	LI KO	UXO	n Hij	LL, Mo	d.20745
or re		snock, or ne	mirt tallure.	List only one ceu	se on e	ach line.		or orner	i and mo	ue or uy	ing, auci	i es ceiule	c Di Teepii	atory arr	<del>0</del> 01,	Approximate interval Between
the the		iMMEDIATE CAUSE (Findisease or condition	ei .	D. 1 1	1		h			. ) ^		l –	/			Onset and Death
ent,		reaulting in death)		DUE TO	OR AS A	CONSEC	UENCE OF	mcy	117	UdlVI	19	liver	(un	Knre	m it	-
Next of the attending president and compressy me Health and Mental Hygiene prior to burial, cremation, Iwas any Injury, or other traumatic event, the	_			DUE TO	0.1	4.64	40	, L	) T 2:	مناحط	_ \					
to br	CERTIFICATION	Sequentially list condition if any, leading to immed	ona,	DUE TO	OR AS A	CONSTO	UENCE OF	):	-C. In-s	1~/TC		)				
prior	8	cause, Enter UNDERLYIN CAUSE (Disease or injur	NG	C.												
giene other	E	that initiated events		DUE TO	(OR AS A	CONSEC	UENCE OF	):								
OT O	E	resulting in death) LAST		d												
Ment Jury,		PART ii. Other eignificer	nt condition	s contributing to	deeth b	ut not n	evitina i	n the ur	nderlying	COUSE C	lven in I	Part I 2	a. WAS AN	AUTOREV	245 14	VERE AUTOPSY FINDINGS
and in	MEDICAL			_						, 00000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	MED?	A A	WAILABLE PRIOR TO
lealth ws a	8											—   ¹	YES 2	NO.	٥	OF DEATH?
sho												- 1			1	YES 2 NO
Dept 23	A	25. WAS CASE REFERRED TO	MEDICAL						26 DI	ACE OF D	EATH (Cho	ck only one)				
State	PHYSICIAN:	EXAMINER?		HOSPITAL:	FR/Oute	atlant 3	□ DOA	OTHE	D.			B C Other (S				
d, the	Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY	anioin 5	28b. TIME	_	28c. INJ		sidence	28d. DESCF		LIURY OCC	CURED	
death with the State Dept. of smarked, or item 23 sho	- 1		Pending nveatigation	(Month, D	ay, Year)		ILNI	JRY M		RK?	NO					
is m	D BY	3 Suinide	Could not be	28e. PLACE O	F INJURY	- At hor	ne, farm, st	treet, tac		_		28f. LOCATI	ON (Street a	nd Number	or Rural Rou	ite Number.
# <b>%</b>	ш		lalarmined	building,	etc. (Spec	effy)						City or	Town, State)			
hours	LET	29a. CERTIFIER 1X CERTI	PAING PHYSI	To the pent of	mu knowl	ladge de	th annum	el es sha s	Man data	and alone						
N 🕶	COMPL	(Check only one) 2 MEDIC														and manner as stated.
TAN		29b. SIGNATURE AND TITLE	4										a piace, ain			
be filed within	BE	THE STATE AND THE	(1./	1/1							NSE NUM	BER	İ		,	fonth, Day, Year)
25 2	2	30. NAME AND ADDRESS OF	PERSON WIN	D COMPLETED CAUS	SE OF DE	ATH (ITEM	27) /5/00	Print		D421	LO/			F J(	me Z.	1, 1993
2									Mod	C+-	r Λ.	drow	AFR.	200	Md 20	0331
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/		JUN21	1993	Julia	Davids	on-R	indell	-								
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TO THE HISPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in manner by the mapping on attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Pages 1, 2, 3 should

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PHYSICIAN: MEDICAL CERTIFICATION

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ithin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	etely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. emation, or removal.	nt, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit page within 72 hours after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
/	10	)

93 20729 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 14 1993 YEAR June Laura Marie Forbes 4:59 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
May 12 1926 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS 208 14 8791 1 M 2 KKF 66 YRS. Pennsylvania Ba. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctors' Community Hospital Lanham Prince Georges RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY Prince Georges Maryland Bowie XYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12403 Shelter Lane Bowie 20715 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 2 100 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced No White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 2 Receptionist Heating and Air-condition 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Marie Rena Nigra 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert I. Forbes 12403 Shelter Lane Bowie Maryland 20715 20a. METHOD OF DISPOSITION
1 🔀 Burlal 2 🗆 Cremation 3 🔀 Removal from State
4 🗆 Donation 5 🗆 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE St. Clair Mausoleum Greensburg Pa. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. olie 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Bety IMMEDIATE CAUSE (Final Onset and Death disease or condition 10 month. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST

PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.

24a. WAS AN AUTOPSY 1 ☐ YES 2 ☐ NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TES 2 NO

296. SIGNATURE AND TITLE OF CERTIFIER

JUN 2 5 1993

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)

26. PLACE OF DEATH (Check only one)

27. MANNED OF DEATH 1 Natural

2 Accident

3 Suicide

4 Homicide

5 Pending Investigation

8 Could not be

28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT WORK? 1 YES 2 NO

28d, DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one)

2 \_\_\_ MEDICAL\_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

		-	$\sim$	5	/	1		m						
18.	NAME	AND	ADDRESS	OF	PERSON	WHO	COMPLETED	CAUSE	OF	DEATH	UTE	27)	/Tune	Prin

X12193

29d. DATE SIGNED (Month, Day, Year) ► 6115793

3231 Su	sein Ir
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE

32. REGISTRAR'S SIGNATURE

his Davidson-Randall

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THE HOSPI THE FUNES filed within	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the deall certained recognition or attending physicial or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the articles are not provided in the funeral director, page 5 should be detached for use as the buris	s fied within 72 hours after death with the State Dept. of Health and Mental Hypermonics in the cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other frametic event, the medical examiner must be notified at once.
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FOR 1 - STATE REGISTRAR	STATE OF M							MENTA		E	93	20730
1. DECEDENT'S NAME (First, Middle, Last)										. V	VEAD	3. TIME OF DEATH
Arnet		David		Fr	anci	S		_				1:20 P
4. SOCIAL SECURITY NUMBER 264-30-2669	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give s	treet and number)			9h. CIT	Y TOWN (	OR LOCATIO	ON OF DE		TCII QC			
The Kent and Queen		lospital										EATH.
	r -		10c, CIT	Y. TOWN	OR LOCAT	TION						10d. INSIDE CITY
MD	Kent											LIMITS?
									IZEN OF W			
5171 Harris R	oad					2160	61					
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	RMED	13.	WAS DEC			IIC ORIGI	N? (Specify Yes			- American Indian,
1 Never Married 2 X Married 3 Widowed 4 Divorced			NO		If yea, sp	ecity Cuba	n, Mexica	n, Puerto	Rican, afc.)		Specif	, White, etc.
15. DECEDENT'S EDU	CATION	16a, DE	CEOENT'S	USUAL C	OCCUPATION	ON		168	. KIND OF BUS	INESS/INI	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)		Ma	ive kind of v Do NOT us	work done e retired.)	during mo	st of workin	g					
11th grade			Lab	orer					Cigar	Fact	orv	
2												
Luchen Francis  Johnnie Mae Smith  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  5.217.1 House in Document Code (Code)												
Sarah Franc	is		5171	Har	ris	Road	. Ro	ck H	all. M	D 21	661	
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Town, State										wn, State		
1X) Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Aaron Chapel Cemetery 7/3/93 Rock Hall, MD										I MD		
10. OF	2											
23 PART I Poter the diseases or a	complications that	coursed the de	ath Do s		1100	ROC	K Fld	1	ve.,ko	CK H	dii,	
shock, or heart fellure. I	List only one ceu	se on each line	b.	iot ente	THE INC	de or dyl	ng, suc	n ala car	diec or reapi	ratory sr	rest,	Approximate interval Between Onset and Death
disesse or condition resulting in death)	METAST	AHC.	TRAN	1514	ONA	LC	ELL	BL	ADDER	C	A	1 year
Sequentially list conditions,	b. DUE TO (	OR AS A CONSE	OUENCE OF	F):								-
cause. Enter UNDERLYING	c.											
that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	F):								
resulting in deeth) LAST	d											
PART II. Other algnificent condition	a contributing to	deeth but not r	eaulting i	n the u	nderlyln	ceuse o	lven in	Part I.	24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
									PERFOR	MEO?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES 2	NO NO		OF DEATH?
												1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL					20 DI	ACE OF O	EATH (Ch.					
EXAMINER?	HOSPITAL:	ER/Outrett1 0			R:							
27. MANNER OF DEATH							sidence			I II IBY OC	CUBEO	
Netural 5 Pending (Month, Day, Year) INJURY WORK?												
2 Culaida	28a, PLACE OF	INJURY — At ho	me ferm s				, 140	201 1.00	ATION /Stead of	ad Numbe	or Primi D	touring Microphysia
4 Homicide 8 Could not be	building,	rtc. (Specify)			atory, orne	•		City	or Town, State)	na numbe	or nurei n	oute Number,
29a. CERTIFIER				_	_			_				
(Check only												
		minution and/or	veatigatio	n, in my	opinion, d	eath occur	ea st fhe	time, data	and place, an	due to th	ne cause(a)	and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIEF	1.0	W.c				29c, LICE	73 .		$\overline{}$	29d. DAT	E SIGNED	(Month, Day, Year)
B 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TIME	11/1//				124	415	- X	/		1 4	nuz
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last) A met  4. SOCIAL SECURITY NUMBER 264-30-2669  9a. FACILITY NAME (If not institution, give s The Kent and Queen RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT MD  10c. STREET AND NUMBER 5171 Harris R  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th grade  17. FATHER'S NAME (First, Middle, Last) Luchen Fy  19a. INFORMANT'S NAME (Type/Print) Sarah Franc 20a. METHOD OF DISPOSITION 1X) Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC  1 MMEDIATE CAUSE (Finel diseases or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. 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DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 11th grade  17. FATHER'S NAME (First, Middin, Last)  Luchen Francis  19a. METHOD OF DISPOSITION 11. Durial 2 Commention 3 Removal from State 4 Donastion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  17. FATHER'S NAME (First, Middin, Last)  Luchen Francis  22. PART I. Enter the diseases, or complications that caused the deshock, or heart fellure. List only one cause on each line immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) that initiated events resulting in death)  PART II. Other significent conditions in this conditions resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 NO  27. MANNER OF DEATH 28. DUE TO (OR AS A CONSEINABILITY) 28. LOCAL SECONDARY (Conserved Control of the Death of Married Chause, Chapter of Married Chause, Chapter of Medical Chapter of Married Chapter of Medical Chapte	1. DECEDENT'S NAME (First, Middle, Last)  Arnet  Arnet  David  4. SOCIAL SECURITY NAME (First, Middle, Last)  Decedent's Name (First, Middle, Last)  Decedent's Name (First, Middle, Last)  S. SEX  264-30-2669  9a. FACILITY NAME (if not Institution, give street and number)  The Kent and Queen Anne's Hospital  PRESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  10c. CIT  Who street and number  5171 Harris Road  11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  1 S. DECEDENT'S EDUCATION (Specify) only highest grade completed)  Elementary/Secondary (6-12)  Luchen Francis  19a. INFORMANT'S NAME (First, Middle, Last)  Luchen Francis  19a. INFORMANT'S NAME (First, Middle, Last)  Luchen Francis  20a. METHOD of DISPOSITION 1 N. Burlia 2 Cremention 3 Removal from State  A Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A Donation 5 Other (Specify)  22. PART I. Enter the diseases, or complications that caused the death. Do reshock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Fined disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significent conditions contributing to deeth but not resulting in death)  PART II. Other significent conditions contributing to deeth but not resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO	1. DECEDENT'S NAME (First, Middin, Last)  Arnet  Arnet  David  A. SOCIAL SECURITY NUMBER 264-30-2669  1. M 2	1. DECEDENT'S NAME (First, Mickle, Last)  2. SOCIAL SECURITY HUMBER 2. 64 - 30 - 2669  9. FACILITY NAME (if not institution, pive sired and number)  1. SOCIAL SECURITY HUMBER 2. 64 - 30 - 2669  9. FACILITY NAME (if not institution, pive sired and number)  1. SOCIAL SECURITY NUMBER 3. SEX 6. AGE (in yrt. Mist brindsy)  9. CITY, TOWN OF LOCAL MID  1. MESTICENCE OF DECEDENT  1. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY  1. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY  1. SOCIAL SECURITY	1. DECEDENT'S NAME (First, Michalle, Last)  Arnet	1. STATE REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Models, Les)  Arnet  A-OCIAL SECURITY NUMBER  2. SEX 2. 4. SOCIAL SECURITY NUMBER  2. SEX 2. 6. AGE (in yrs. first birthoop)  90. FACILITY MARE (if not institution, pive sinest and number)  10. COLOR YRS.  10. W 2	1. STATE 1. DECEDENT'S NAME (First, Moster, Last) 1. DEVID Francis 1. DEVI	1. DECEMPTS NAME (First, Madds, Last) 1. DECEMPTS NAME (First, Madds, Last) 1. DECEMPTS NAME (First, Madds, Last) 2. Security Wilders 2. Security Wilders 2. Security Wilders 2. Security Wilders 2. Security Wilders 2. Security Wilders 3. Security	1. DECEMBER'S MANNE (First, Moses, Last) 1. DECEMBER'S MANNE (First, Moses, Last) 1. DECEMBER'S MANNE (First, Moses, Last) 1. SECURITY IN HOMBER 26.4-30-2669 15. SEC. 15. SEC. 16. NADE (in yrs. the bending) 15. SEC. 16. NADE (in yrs. the bending) 15. SEC. 16. NADE (in yrs. the bending) 15. SEC. 16. NADE (in yrs. the bending) 15. SEC. 16. NADE (in yrs. the bending) 15. SEC. 16. SEC. 17. TOWN ON BLOCATION OF DEATH 16. SEC. 18. SECTION TOWN ON LOCATION OF DEATH 18. SECTION TOWN ON LOCATION OF DEATH 18. SECTION TOWN ON LOCATION OF DEATH 18. SECTION TOWN ON LOCATION OF DEATH 18. SECTION TOWN ON LOCATION OF DEATH 18. SECTION TOWN ON LOCATION OF DEATH 18. SECTION TO SECTION TO SECTION TOWN ON LOCATION OF DEATH 18. SECTION TO SECTION TO SECTION TOWN ON LOCATION OF DEATH 18. SECTION TO SECT	DECEMBER SAME (FOR MACROS). LAST DEVELOPMENT MASSES AND PROJECT MASSES

29c, LICENSE NUMBER D4158 29d. DATE SIGNED (Morith, Day, Year)

• 6-30-93

31. DATE (1-50 /93

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		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last)	Dorothy	Frye			2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
	3	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birti	oday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7 DATE OF BIRTH		THPLACE (State or Foreign
		217-54-7505	1 🗌 M 2 🏋 F			AYS HOURS MIN.	(Month, Day, Year)	Co	est Virginia
3 should		9a. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TO	OWN OR LOCATION OF C		9c. COUNTY O	
2, 3 s	OR	Dorchester General Hospital			Ca	mbridge		Dorchester	
- 3	5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			c. CITY, TOWN OR I	OCATION			
Page	DIRECTOR	Maryland Cecil		0.25	Elkton	COCATION			10d. INSIDE CITY LIMITS?
permit. Pages 1,		10e. STREET AND NUMBER			LIKCOII	101. ZIP CODE		10g. CITIZEN C	1 TYES 2 NO
善	ER	64 Dogwood Road				21921		U.S.A	
physician. burlal-tramsit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI			DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14. R	ACE — American Indian.
ing phy	1	1 Never Married 2 Married 3 Widowed 4 N Divorced	FORCES? 1 V			s, specify Cuben, Mexic   YES 2 🔀 NO Speci			lleck, White, atc.
tendin M	21	15. DECEDENT'S EDUC	ATION	I see DECEDE	TAIT IS LIKELY COOK		T		White
al or att	ш	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kii	ENT'S USUAL OCCU nd of work done duri HOT use retired.)	ng most of working	166. KIND OF BU	SINESS/INDUSTR	Y
spital		11	College (I-4 or 5+)	Hor	memaker				
the hospit detached once.	COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
9 P P	BE	Owen Ramey					Nina Will	iamson	
5 should notified	2	19a. INFORMANT'S NAME (Type/Print)		- 1			Route Number, City or Tow		)
ay be re page 5		Mrs. Flora Coulso	n				Elkton, MD	***	
e 6 may ector, p must		1 N Buriel 2 Cremation 3 Remo	val from State	cemetery, cremetor	oate of disposition of the control o	ON (Name of	1/-3	CATION — City of	
Page il dire		21. SIGNATURE OF FUNERAL SERVICE LICE		EIKLOII				cton, Ma	
24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burtai-tran lon, or removal.	1	<b>•</b> 1	0 1 5		1	1cks Home 03 West St	for Funera ockton Str	Is, P.A eet	•
by the emoval.		Elkton, MD 21921-5521							
hours after of in by the or removal		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)  a. Chronic Respiratory Insufficently  Chronic Respiratory Insufficently  Onset and Death							
within 24 hor pletely filled cremation, or rent, the m	ľ	IMMEDIATE CAUSE (Final disease or condition	Chr.	ni)	Chronic	Respirator	y Insuffic	etyly	Onset and Death
completely ial, cremati		resulting in death)	DUE TO (Q)	S A CONSEQUEN	CIL OF):	/ 2	N ///	/	1
executed within and completely to burial, cremat matic event, i	CERTIFICATION	Sequentially list conditions,	End-	-0 4			te Obstave	tive	
		if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR A	AS A BONSEQUEN	elon Lulmo	nary Disea	se	.0	
ertificate be ng physician giene pnor to other traus		CAUSE (Disease or injury that initiated events	DUE TO JOR	AS A CONSEQUEN	CE OF	vi	grave		. 1
death certifi attending p antal Hygien ry, or oth		resulting in death) LAST	MRS	min	Shro	hic Schike	shrenia St	able	100
the death certificate be y the attending physician of Mental Hygiene prior Injury, or other trau			0,00	,,,,,,,,	,	0	1	/	4
bat the and N and N inj	¥	PART II. Other significant conditions	Contributing to deat	by but not result	ling in the under	rlying cause given in	Part I. 24s. WAS AN	AUTOPSY 3	24b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
igned igned ealth	EDIC	Maria	seberes sito	Cic. THAIA	aved	7	1 Ves :	CAO	OF DEATH?
requi	Σ ∥								1 VES 2 NO
has the Dept Dept 73	¥	25, WAS CASE REFERRED TO MEDICAL.			- 1	M. PLACE OF DEATH (C)	hack code one!		
Incate State	PHYSICIAN:		HOBBITAL:	Outpetient 3 🗆 D	OTHER:	Home 5 - Residence			
s cert	돛	27. MANNER OF DEATH	28s. DATE OF INJUI	FFY 288	TIME OF JA	L INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	)
IG PH ter thi ath w	<u>M</u>	1   Natural 5   Pending   Pending   Investigation				☐ YES 2 ☐ NO			
ENDIN PR: After de	8	3 Suicide 6 Could not be 4 Homicide determined	26e, PLACE OF INJ building, etc. (	URY — At home, fi Specify)	arm, street, factory,	office	28f, LOCATION (Street City or Town, State)	and Number or Run	ref Route Number
R ATT RECTU							SCHOOL-CHENNIC	X	
TAL D	COMPLET						e to the cause(a) and mer		
HOSPI FUNER Within	8		On the basis of examin	ation and/or invest	igation, in my opini	on, wath accured at the	time, data and place, an	d due to the caus	se(a) and menner as stated.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If item 28 is marked, or item 23 shows any	TO BE	296. STONATURE AND TITLE OF CERTIFIER	Was	Xth	MI	29c. DICENSE NU	MBER S	29d. DATE SIGN	ED (Moylin, Dey, Year)
		Judy Gla	Shun X	D 40	08 B	grn So	west o	whh	ked KD
Ç		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S						0
L		JUL () / 9.3	Julia Davido	on-Monar	46	-	<del></del> -		DHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND I	MENTAL HYGIEN	- 200 200	20732	
1	1. DECEDENT'S NAME (First, Middle, Last)  EDWIN RTCH	ARD FARABA	IICu			2. DATE OF DEATH MONTH DATE TO THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE			
	4. SOCIAL SECURITY NUMBER 167-09-1658	5. SEX 6. AGE 1 2 M 2 F 8	(In yrs. lest birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BRITIS	1906 P	15:00 A. M HATHPLACE (State or Foreign Journity) ennsylvania	
TOR	9a. FACILITY NAME (If not institution, give 307 Garnett Road RESIDENCE OF DECEMENT		яь. сіту, томы Јор	OR LOCATION OF DE	ATH	% COUNTY OF DEATH Harford			
DIRECTOR	10a. STATE     10b. COUNTY     10c. CITY, TOWN OR LOCATION       Maryland     Harford     Joppa							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 307 Garnett Roa		101. ZIP CODE 21085			10g. CITIZEN OF WHAT COUNTRY? USA			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s			or No— 14.	RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			NT'S USUAL OCCUPATION d of work done during most of working OT use retired.)  Obile Salesman			ISINESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Michael Joseph	Farabaugh				ME (First, Middle, Melden ta	Sumame) Lieb		
TOE	190. INFORMANT'S NAME (Type/Print)  Kenneth R. Farab	augh				Poute Number, City or Town		(a)	
	20a. METHOD OF DISPOSITION  1 String Buriel 2 Cremeton 3 Ren  4 Donatton 5 Other (Specify)	Some State	netery, crematory or or aCLECT HE	art of	Jesus 7	-7-93 B	cation — city altimo	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE MONTO	OTI	Howar	d K. McC	omas III F	uneral	Home, P.A.	
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Covalor	ach line.	not enter the m	ode of dying, suci	n as cardiac or reapi	ratory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Hart disease (C4D) any thing the cause of								
BY PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death b	out not resulting i	in the underlyli	ng cause given tn	Part t. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2 [] DOS	OTHER:	PLACE OF DEATH (Ch				
N PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	28d, DESCRIBE HOW II	NJURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	' — Al home, lerm, a	street, factory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ural Route Number,	
COMPLETED	The CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE	29h. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUMBER  29d. DATE SIGNED (Morith, Day, Year)  7/6/93					
1	David (, Mbin	104 Aum	tree Rc	Print) Sel	Air mo	21015	_		
	JUL 06 93	32. REGISTRAR'S SIGN	ATURE						

after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-trans	medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frow after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and comments in by the funeral director, page 5 should be detached for use as the burial-transit has fleet within 72 hours after death with the State Dent of Health and Mental Haviete and to burial command.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

George Breza.

31. DATE FILED (Month, Day, 1993)

JUN 3 0 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIVISION OF VITAL RECORDS, P.O. BOX 68750

12

	FOR STATE 0	F MARYLAND / DEI	PARTMENT CIFICATE	OF HEALTH AND	MENTAL HYGIEN		93 20733			
	1. DECEDENT'S NAME (First, Middle, Leet) Howard C. Guild	OLITI	IIIIOAIL	OF BEATH	2. DATE OF DEATH	27	93 14:24 DM			
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birth	day) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign			
	343-30-1509 1 XM 2 O	DAYS HOURS MIN.	(Month, Day, Year) 5/24/0	3	INDIANA					
TOR	LIONS MANOR NURSIN			CUMBERLAND 9c. COUNTY OF DEATH ALLEGANY						
DIRECTOR	10a. STATE 10b. COUNTY  FLORIDA MANATEE	10c	HOLME	R LOCATION ES BEACH	LIMITS?					
	10e. STREET AND NUMBER			10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY						
ER.	5400 GULF DRIVE			34217			S A			
BY FUNERAL	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARMED  1 YES 2 NO /E WAR OR DATES	l H	yes, specify Cuban, Maxic	S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—se, specify Cuban, Maxican, Puerto Rican, etc.)  YES 2 X NO Specify:  WHITE					
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDE	NT'S USUAL OC	CUPATION	16b. KIND OF BU	SINESS/INDU	JSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 of 4+	(OT use retired.)	luring most of working  IG EXECUTI	VE TELEC	OMMUN	NICATIONS				
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	ne)			
BE (	CHARLES GUI			MILI						
5	19a. INFORMANT'S NAME (Type/Print) SUSAN G. YOUNG			(Street and Number or Rural INS STREET			Code) MD 21562			
	20s. METHOD OF DISPOSITION  1 Buriel 2 X Cremation 3 Removal from State  4 Donestion a Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  SILBAUGH CREMATORY  6/29 UNIONTOWN, PA									
	SIGNATURE OF FUNERAL SEN ICE LICENSEE	1		AME AND ADDRESS OF F		IONIC	JWIN, IA			
	1 Laxeno	Hafer	13	02 NATION	IAL HWY L.	AVALE	LS MORTUARY E, MD 21502			
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory srrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between									
	immediate Cause (Final disease or condition resulting in death)  •									
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL (	PART II. Other significent conditions contributing to death but not reaulting in the underlying couse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 XNO  24b. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
2 3					_		1 TES 2 NO			
N.	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	heck only one)					
Sign	EXAMINER?  1 YES 24 NO  HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA   4   X Nursing Home 5   Residence 8   Other (Specify)									
ВУ РН		OF INJURY h, Day, Year)	TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be 4 Homicide determined	ry, offica	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  1  CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.    CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.									
	SON SIGNATURE AND THE OF CONTERED									
TO BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  D12532  D6-28-93									

M.D. Braddock Medical Group, Seton Dr., Cumberland, MD 21502

BALTMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	0.	1
	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
		ROBERT	EUGENE GILE	g gp				day ye 1993	5:55 P. M
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8.1	BIRTNPLACE (State or Foreign
P		214-07-5830	1 M 2 □ F 91	YRS.	MONTHS DAYS	HOURS MIN.	FEB 24,	1902	MARYLAND
2, 3 should	OR	98. FACILITY NAME (If not institution, give street and number)  DEVLIN MANOR NURSING HOME  9b. CITY, TOWN OR LOCATION OF DEATH  CUMBERLAND  9c. COUNTY OF DEATH  ALLEGANY							
€.	5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40- 00					
permit. Pages 1,	DIRECTOR	MARYLAND AI	LLEGANY		TY, TOWN OR LOCAL UMBERLAN				10d. INSIDE CITY LIMITS?  1 X YES 2 \( \text{\text{\text{NO}}} \) NO
- isi	BY FUNERAL	537 FORT AVE.			10	21502			OF WHAT COUNTRY?
attending physician. se as the burial-transit		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FDRCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ecity Cuban, Maxico 2 ND Specific	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	- 4	RACE — American Indian, Black, White, etc. Specify: WHITE
r attend use as		15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL DCCUPATION	ON	16b. KINO OF BU	JSINESS/INDUST	RY
for u		Elementary/Secondary (0-12)	College (1-4 or 5+)	CELANES		ist of working	SILK	MANUF.	
the hospit detached once.		17. FATHER'S NAME (First, Middle, Last)				10 MOTHER'S NA	ME (First, Middle, Maider		
3 & 6 a		WILLAIM VALEN	TINE GILES			NORA	VIRGINIA N	McILWEE	
5 should be notified	5	WILLIAM E. GILES		700 H	OLLAND S	TREET CU	MBERLAND,	vn, State, Zip Cod MARYLA	ND 21502
		20a METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from Stata cen	etery, crematory or c	OF DISPOSITION (Ne other place) METERYI		1 - 7	OCATION — City	
20/2		21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	JANGUST CITS		ND ADDRESS OF FA		SEKLAND	MARYLAND
or dem he fue al.		MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND, MARYLAND							
ours after of in by the or removal.		23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or readiratory arrest.							
Do o E		ehock, or heert fellure. L IMMEDIATE CAUSE (Final	lst only one ceuee on e	sch line.					interval Between
		disesse or condition	W-10	7					Onset and Death
nted within 24 completely fill ial, cremation, event, the		resulting in death)	DUE TO (OR AS A	CONSEDUENCE D	f).				proposition
P 2 2 2	_			CYD	, ,,				40.
8 "0 5	CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEDUENCE O	f):				The
leath certificate be attending physician mtal Hygiene prior to y, or other traun	\\	cause. Enter UNDERLYING	alt	mela	one ge	a les se	-		1 74
death certificate attending physiental Hygiene print, or other ti	Ĕ	CAUSE (Disease or Injury that initiated eventa	DUE TO (DR AS A	CONSEDUENCE D	F):				17
n certifica anding phy Hygiene or other	E	resulting in deeth) LAST							1
ne death the atte Mental	뒿								
= 0 =		PART II. Other aignificent conditions	contributing to deeth b	ut not reculting	In the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
a th	20						1 YES :	W .	COMPLETION OF CAUSE OF DEATH?
requires been signe of Health	ME							* .	1 _ YES 2 _ NO
has bee Dept. o	ž								
PHYSICIAN: The law require this certificate has been sig with the State Dept. of Hea rked, or Item 23 shows	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch			
CIAN: The priffcate he State or Item	Sign	1 TES 2 DINO	HOSPITAL: 1   Inpetient 2   ER/Outp	atient 3 DOA	OTHER:	e 5 🗆 Rasidence	6 Other (Specify)		
rSiCIA s certif	Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE NOW	INJURY OCCURE	D
ing PHYS offer this c eath with marked,		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		RK? (ES 2 ND			
0 4 0 00	ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Spec	— At home, larm,	streel, factory, office		281. LDCATION (Street City or Town, State	and Number or Ru	ural Route Number,
DIRECTOR: hours after item 28	COMPLET								
	릴	29a. CERTIFIER (Check only one)	IAN: To the best of my knowl	edga, death occum	ed at the time, data	and place, and dua	to the cause(s) and ma	nner as stated.	
HOSPITAL OR FUNERAL DIRE within 72 hour TANT: If item	Š I	2 MEDICAL EXAMINER	On the basis of examination	and/or investigation	on, in my opinion, d	eath occured at the	time, data and place, as	nd due to the car	use(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE OF CENTURES	11			29c. LICENSE NUM			INED (Month, Day, Year)
2 6 3 ₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) (F	Print)	1317	5(5	►7/·	
10		A. J. B. Ilino 1	7.D. 955	Freda	wick	ST C	smyer12	nd r	19 7/2-5
		31. DATE FILED (Month, Dev. Most)	32 EGISTRAR'S SIGNA	ATURE					

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0. 1.11. 16

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

				- 02	NI II IC	MILU	PEATH	REG. NO	f,	
	ш	1. DECEDENT'S NAME (First, Middle, Last)	0 .					2. DATE OF DEATH	MY Y	3. TIME OF DEATH
			in Book	_				06 1	7 9	13 915 PM
		4. SOCIAL SECURITY NUMBER		(In yrs. lest		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
모		5M-60-5848		78	YRS.		noons win.	09-19-	14 1	J.40TON HZAW
3 should	~	Se. FACILITY NAME (If not institution, give :	1		9	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH
2, 3	СТОВ	MANOR CARE	NS9. 475	JUL		LA	RGO		1	G,
, , , , , , , , , , , , , , , , , , ,	ш	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Υ		10c CITY	TOWN OR LOC	ATION			December 2
200	DIR	Maryland Prin	ce Georges	ı			AIRON			10d. INSIDE CITY LIMITS?
020 physician. burial-transit permit. Pages		10e. STREET AND NUMBER	ce Georges		1	Jargo	10f. ZIP CODE		T 40. 017170	1 X YES 2 NO
st.	FUNERAL	600 Largo	Dood			- 1			10g. CITIZEI	N OF WHAT COUNTRY?
clan.	Z I	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II C ADM	IED.	40 330 0	2077		Unite	d States
D20 physi buria		1 Never Married 2 Married	FORCES? 1 X YES	2 NO	)	If yes,	specify_Cuben, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	3 or No 14	RACE — American Indian, Black, White, atc.
215-0020 attending physician. se as the burial-tran	8	3 Widowed 4 Divorced	IF TES, GIVE WAR OR	DALES		1 1 1	ES 2 NO Specif	у:		Specify: Black
1215 r atten use as	입	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DEC	EDENT'S US	SUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/INDUS	
4 5 10		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. I	Do NOT use i	retired.)	most of working			
AND The hospital detached to once.	절		4	Po	stal	Clerk		Go	vernme	nt
4 4 4 8	COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Malden		
M 54 X	ш	Richard M	. Goodwin				E1.	eze Clore		
MARYL regarded by gamula be notified at	TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street	t and Number or Rural	Route Number, City or Tow	n, State, Zip Co	ode)
S 500 5	F	Frances Gaskins	3	1	0242	Prince	Pl.,	#205 I.	argo.	MD 20772
H F		20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Rem	completes State	b. PLACE A	ND DATE OF	DISPOSITION (				y or Town, State
6 34	1	4 Donation 5 Other (Specify)	CO	metery, crem Lee	s Cr	emator	v	6/23/93	Clint	on. MD
	1	IL SIGNATURE OF FUNERAL SERVICE LIN	CENSEE		_		AND ADDRESS OF FA	CILITY		,
BALTI er death. the funera val.	- 3	1/2/1/	Stown H	-	T	4001	D			eral Home
		23. PART I. Enter the diseases, pr	complications that cause	1 10 000	th Do not	T4001	benning i	RD., N.E.	Wash.	, D.C. 20019
S = 2		nock, or neert failure.	List only one ceuse on	each line.	ui. Do iibt	oncer the n	ode or dying, suc	ii as cardiac or resp	ratory arrest	interval Between
24 fille tion,		IMMEDIATE CAUSE (Final	nak.	A	4		201//1	11	1	Onset and Death
ted within 24 completely fille ial, cremation, event, the		disease or equidition resulting in deeth)  O. ASDINGTON YOUMONITS  DUE TO (OR AS A CONSEQUENCE OF):  H any, leading to immediate cause. Enter UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALSE. ENTER UNDERLYING  CALS. ENTER UNDERLYING  CALS. ENTER UNDERLYING  CALS. ENTER UNDERLY								
P 9 9 7 8	_					A-	thing	500m	2001	
OX 68 e be execute sician and c sician to buris traumatic	ERTIFICATION	Sequentially list conditions,	b. QOO OF AS			/ 1	11410	801010	رملار	
OX e be e sician rior to	ΑŢ	if any, leading to immediate cause. Enter UNDERLYING	0126	011	201	118	Ni So	and		j
e Physicat	프	CAUSE (Disease or injury that initiated events	DUE TOYOR AS	A CONSEQU	JENCE OF):		D12.	~ / _	4	<u> </u>
0 - 5 - 5	F	resulting in death) LAST								
= 0 -	ပ		0.							
RDS, at the dear by the att and Menta y Inlury.	EDICAL	PART ii. Other eignificent condition	contributing to death	but not re	euiting in	the underlyi	ng ceuse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
0 5 8 5	음	Arem	19.					1 _ YES 2		COMPLETION OF CAUSE DF DEATH?
T. = 0 I F	ME									1   YES 2   NO
	ä									
The ste me	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (Ch	ack only one)		
F VIT, SICIAN: Th certificate the State	YSI	1 TYES 2 X NO	1   Inpetient 2   ER/Out	patient 3		THER: X Nursing Ho	me 5 🗆 Rasidence	8 Other (Specify)		
OIVISION OF VITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has nours after death with the State Dep tem 28 is marked, or Item 23	표	27. MANNER OF DEATH	(Month, Day, Year)		28b. TIME C		JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	RED
ON OF DING PHYSI After this o death with	Æ	1 Natural 5 Pending 2 Accident Investigation			1.0		YES 2 NO			
R: Ar er de la la la la la la la la la la la la la	- 1	3 Suicide 6 Could not be	28a. PLACE OF INJUR building, atc. (Spe	Y — At hom	e, ferm, atre	est, fectory, off	lce	28f. LOCATION (Street of City or Town, State)	and Number or I	Rural Route Number,
ON ATTENDING PORTER OF After thours after death item 28 is mar		4 Homicide determined			_					
	COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, dest	h occurred a	at the time, da	te and place, and due	to the cause(a) and mar	mer as stated.	
THE HOSPITAL THE FUNERAL filed within 72	O O									ause(a) and manner as stated.
HOSPI FUNE WITHIN		296 O'GNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI			IGNED (Month, Dell Year)
	BE	Kake	Xh OL	100	101	MD	Do	2010	16	11000
PPS	2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM	27) (Type, In	int	4	0	10	117/45
(6)		KAKESHARO	JAA, MU,	147	300	GAL	LAMBI	2071	サンン	- BOWIE
		31. DATE FILED (Month, Day, Year)  JUN 2. 4. 1993	32. REGISTRAR'S SIGN	APA	mdell.	í			-	

TO BE COMPLETED BY FUNERAL DIRECTOR

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II, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	1 DISCOME. After this analyticate has been singed by the attended by the inference of single and sampled filled in the
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF I		MENTAL HYGIEN REG. NO		20736
1. DECEDENT'S NAME (First, Middle, Les		a E. Gib	son		2. DATE OF DEATH MONTH D	AY YE	44 132-00
4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9- 93	IRTHPLACE (State or Foreign
578-38-0621	1 - M 2/2/F	84 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-23-0	C	ountry) Ouisa, Va.
Joseph Rich	e street end number) gy Hospice			or Location of D		9c. COUNTY	
RESIDENCE OF DECEDENT  10a. STATE  10b. COU							
D . C .	N/A	10c. Cf	Washin	TION gton, D	.C.		10d. INSIDE CITY LIMITS? 15 YES 2 NO
10a. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	DF WHAT COUNTRY?
1609 E Street	t SE			20003		U	SA
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, stc.
1 Never Married 2 Married	YES 2 NO		Decify Cuben, Mexico 3 2 ND Specific	en, Puerto Rican, etc.)		Black, White, atc.	
3 Widowed 4 Divorced				X			Specify: BLACK
15. DECEDENT'S EI (Specify only highest gra		16a. DECEDENT'S	S USUAL OCCUPATI work done during muse retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)				SAlf	-emplo	200
12th		DC	omestic				yea
17. FATNER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden		
Arthur C. Mod	odu				cca White		
19e. INFORMANT'S NAME (Type/Print) Rev. Calvin G:	ihson				Route Number, City or Tow		)
	LDSUII	4026	Amy L	ane/Ran	dallston	, Md.	21133
20e. METHOD OF DISPOSITION  1 CKBurlel 2 Cremation 3 Re	emoval from State	20b. PLACE AND DATE cemetery, cremetery or		ame of	DATE 20c. LO	CATION — City of	or Town, State
4 □ Donation 5 □ Other (Specify) _	NOT STATE OF THE PARTY OF THE P	Ft. Lin	coln Ce	emetery	B	rentwo	od. Md
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/ /		ND ADDRESS OF FA			
- (Julia)	4. Mar	sha 80			Funeral		n. D.C
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE O	DE DE	bra).	47 19		3 mg
PART II. Other significant conditi	ons contributing to dea	th but not resulting	in the underlyin	g ceuse given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
25. WAS CASE REFEREND TO MEDICAL EXAMINERY	I		26. P	LACE OF DEATH (Ch	ect only one)		
1 TES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)	1/24	7110
27. MANNED OF DEATH  1 Natural 5 Pending 2 Accident Investigation	284. DATE OF INJU (Month, Day, Ye		ME OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	мину осрбне	
3 Suicide 6 Could wife b	28e. PLACE DF IN.	tURY — At home, term, (Specify)	atreet, tectory, offic	•	281, LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
one) 2 MEDICAL EXAMI							se(s) end menner ee stated.
290. SOMATURE AND TITLE OF CENTIF	Paune,	40	(1) No. 10	29c. LICENSE NUI	0/2	≥ 20 DATE SIGN	NED (Mgrith, Day, Year)
JOHN PAIN 31. DATE FILED (Month, Day, Yag)	1e 65	65 N,	Charl	RS 5	T BU	16 -	21204
MIN 2 1 199	32. REGISTRANTS	widson-Randa	00_				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1. Nours after death. Page 6 may be invited to the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount to necessive filled within 72 hours after death with the State Dept. Of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR AT TO THE FUNERAL DIREC De filed within 72 hours	IMPORTANT: If Item

-	TEGIOTIAN			0411111	107111				TIEG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEATH	NA.	YEAR	3. TIME OF DEATH	
	Genaro			Gonza.			-		6 /	,	73	1825 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs	. lasi birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Dey, Year) 6-16-9	3	Country)	ry land	
	Se. FACILITY NAME (If not institution, give at							ON OF DEA			TY OF DE		
FOR		duentes	t Ho	SP	to	cor	m Pe	enty	Mad	Mor	ntgom	ery	
띮	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION				T	10d, INSIDE CITY	
DIRECTOR	MD	R	ockv:		le ığ					LIMITS?			
FUNERAL	100. STREET AND NUMBER 401 Burgandy Dr	rive				10	f. ZIP COD	IP CODE 10g, CITIZEN OF WHAT COUNT					
W	11. MARITAL STATUS	12. WAS DECEDENT	FVFR IN ILS	ARMED	13	WAS DE	ENDENT	OF HISPANI	C ORIGIN? (Specify Yes	or No.		- American Indian,	
BY FU	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	₩ NO		If yes, sp	ecify Cub	en, Maxican	, Puarto Rican, etc.)		Black, Specify	White, atc.	
	15. DECEDENT'S EDUC	CATION	160	. DECEDENT'S	I IISIIAL O	CCHPATI	ON		16b. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+		(Give kind of life. Do NOT u	work done ise retired.)	during m	osl of work	ing					
MPL				N	/A					N/A			
8	17. FATHER'S NAME (First, Middle, Lest) Genaro	Gon	zalez					HER'S NAM Vilma	NE (First, Middle, Malden L C •	Gonza	alez		
TO BE	19a. INFORMANT'S NAME (Type/Print)								oute Number, City or Tow		,	010	
F	Suseela Drumhe	eller					_		Cakoma Par			912	
	20s. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3  Rame  4  Donation 5  Other (Specify) Re	oval from State	O 200. PL	or place) Re	leas	ed t	o th	e Hos	spital Tak	cation – coma	Park,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEP TEAL			22.	NAME A	ND ADDRI	ESS OF FAC	HUTY				
	<b>•</b>					Wash	ingt	on Ad	lventist H	lospi	tal		
	23. PART i. Enter the diseases, or of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	-Va	line.	i ve		Children A.V.		le fe	7		Approximate Interval Between Onset and Death	
NO	Sequentially list conditions,		recus NSEQUENCE (										
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY / 24b. WERE AUTOPSY FIR									WERE AUTOPSY FINDINGS			
MEDICAL	Amnio nites									RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26.1	H ACE OF	OFATH (Ch	ack only one)				
SICI	EXAMINER?	HOSPITAL:	EB/Outpatie	nt 3 🗆 DOA	OTHE	R:			6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 6 Pending	25a. DATE OF (Month, D	INJURY	26b. TI		28c. IN	JURY AT ORK? YES 2			Other (Specify)  J. DESCRIBE HOW INJURY OCCURED			
0	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	etc. (Specify)	At home, farm,	, atreet, fe	ctory, off	ca			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											and manner as stated.	
BE	296, SIGNATURE AND TITLE OF CERTIFIE		up					CENSE NUN				(Month, Day, Year) 6-93	
10	Lawrence &	ohen, K	10)		oe, Print)	en	Adv	ents	566 + HOSP, 7	alli	na Pa	rk, md.	
	JUL 15 1993	82. REGISTRA	AR'S SIGNATU	RE	PR eve								

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may
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DIRECTOR: After the hours after death w

FUNERAL ( within 72 h

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31. DATE FILED (Month, Day, Year)

JUL 0 1 '93

32. REGISTRAR'S SIGNATURE
Fulia Davidson-Randelle

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Edwin M Gerber YEAR 11:05P M 6 93 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAVE 1 🔀 M 2 🗌 F 65 204207208 Oct. 18,1927 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR V.A. Medical Center Perry Point Ceci1 RESIDENCE OF DECEDENT 10a. STATE IND COUNTY 18c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Ceci1 Conowingo 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 371 McCauley Road 21918 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO 14. RACE — American Indian, Black, White, etc. FORCES? ANY YES 2 XX Never Married 2 Married BY 3 Widowed 4 Divorced 1949 - 1952White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Unknown Laborer notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 V.A. Medical Records V.A. Medical Center, Perry Point, Maryland 21902 e 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must competery, crematory or other place) 1 Cemetery 7/2/93 Triangle, Virginia examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEI Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 medicai this certificate has been signed by the attending physician and completely filled in by it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remorked, or Item 29 shows any Injury, or other traumatic event, the medica 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Dementia DUE TO (OR AS A CONSEQUENCE OF): Malnourished/anorexia MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS COPD, Seizure History, anemia AMAILABLE PRIOR TO 1 TES 2 NO COMPLETION OF CAUSE 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 | YES 2 10 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA • 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Matural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 28 4 Homicide Hem 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. Ξ 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MPORTANT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6/25/93 40298 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



hospital or attending physician.

AND 21215-0020

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BALTIMORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
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	SPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burlal, cremation, or removal.	TI: H
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH e dRR WYNNR 793 P:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yes 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1 1 1 2 | F -00 10-96. CITY, JOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 1110 ouk 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY TOWA 1 TES 2 10f. ZIP CODE 787 4.5 12. WAS DECEDENT EVER IN U.S. P. D. FORCES? 1 YES 2. . . . 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuber; Mexican, Puerto Rican, stc.)

1 YES 2 FO Specify: 1 Never Married 2 4 IF YES, GWE WAR OR DATES BY 3 Widow 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kingled work done during most life. Do NOT use gitted.) (Specify only highest grade comp MX 2 -10 17. FATHER'S NAME (First, Middle, Last) rederic BE 19b. MAILING ADDRES 2 leboral 20a, METHOD OF DISPOSITION ACE AND DATE OF DISPOSITION City or Town must 1 Burlet 2 Cremation 3 Read 4 Donation 5 Other (Specify) eher examiner 22. NAME AND ADD 23. PART I. Enter the diseases, by commiscations that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. Ust only one ceuse on each line. Approximate interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition NOTE resulting in death) TASTASIC PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 NO OF DEATH? 1 YES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO After this certificate the St. marked, or it 1 | Inpatient 2 | ER/Outpatient 3 | DOA ig Home 5 Residence 6 - Other (Specify) 4 - Nursi 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending ВУ 1 YES 2 🗌 NO 2 Accident 26e. PLACE OF INJURY — Al home, ferm, street, factory, office building, stc. (Specify) 60 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be hours after (item 28 is 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurad at the time, date and place, and due to the cause(s) and manner as stated. 291 MICHATURE AND TITLE OF CERTIFIES **BE** 1 62 2

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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A THE STEN IS POUR

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31. DATE FILED (Month, 93

12970

1	-	STATE REGISTR	AR
Г	1. D	ECEDENT'S	NAI

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	Ю.	
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	Ruta Herta	a Galina	aitie			уюнтн 3	1993	AA 712
	4. SOCIAL SECURITY NUMBER					-		
		The second secon	L AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTNPLACE (State or Foreign Country)
	214-38-2914	1 M 2	62 YRS.	MONTHS DATE	HOOHS MIN.	12 14		Lithuania
	Se. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
Œ	1796 S. Pleas	ant Wall	D.J	Tot = = .d.				
일	RESIDENCE OF DECEDENT	all valle	ey na.	wesu	ninster		Carr	.011
DIRECTOR	10a. STATE 10b. COUNT	Υ '	10c CT	Y, TOWN OR LOC	TION			40.4 MINIDE OFFI
<u>c</u>			·.					10d, INSIDE CITY LIMITS?
		rroll		West	ninster			1 TES 2 NO
₹	10s. STREET AND NUMBER			1	M. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1796 S. Pleasa	ant Valle	ev Rd		21158		-110	GERMANY
목	11. MARITAL STATUS	12. WAS DECEDENT		12 WH C DE		NIC ORIGIN? (Specify	- 10	
ᇤ	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes, a	pecify Cuban, Mexico	an, Puerto Rican, etc.)	Tes or No- 14.	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAS	OR DATES	1 🗆 YE	S 2 NO Specif	fy:		Specify:
		1						white
윤	15. DECEDENT'S EDU (Specify only highest grad	JCATION s completed)	16a. DECEDENT'S	WORL OCCUPAT work done during n se retired.)	ION ost of worldna	16b. KINO OF I	BUSINESS/INDUS	TRY
iщ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	•			
<u>a</u>	12		Homem	aker		n/a		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (First, Middle, Meio	en Sumamal	
	Kazimieras	Patraa I	Matrahia					
H		Le LI as I				Elma		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1		
	Mr. Bernard Ga	alinaitis	1796	S. Ple	easant T	Vallev R	d. Wes	tminster, MD
	29r. METHOD OF DISPOSITION 1-19 Burlal 2 Cremation 3 Ren		20b. PLACE AND DATE	OF DISPOSITION //	lame of	DATE 20c	OCATION - CIN	or Town State
	14 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Pipe Cr	ther place)	netemm	7/6	nionto	1/17)
	21. SIGNATURE OF FUNERAL SERVICE LI	OFMER			recery	1/0 0	HTOHCO	WII, PID
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE	KORS	22. NAME /	ND ADDRESS OF FA	eral Hom	0 8. Oh	onel
	Dahamt E	D: 44	Race	111				
	Robert K.	Pritts.	Sr.	1412	Washing	gton Rd.	. West	minster, MD
	23. PART i. Enter the diseases, or shock, or heart fellure.	Complications that of	caused the death. Do	not enter the m	ode of dying, suc	ch as cardiec or re-	spiratory arrest	
	IMMEDIATE CAUSE (Final	400						Interval Between Onset and Death
	disease or condition	Mot	ustatic	6-1-2	C 10			
	resulting in death)		R AS A CONSEQUENCE O		CANCEL			
		000 10 (0	THE A CONSCOURNER OF	· ).				
N N	Sequentially list conditions,	b						
Ĕ	If any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE O	F):				
ਹੈ	CAUSE (Disease or injury	c						
드	that initiated events	DUE TO (O	R AS A CONSEQUENCE O	F):				
E	resulting in death) LAST	ū.						
CERTIFICATION		0.						<del></del>
	PART II. Other significent condition	ns contributing to de	esth but not resulting	in the underlyi	ng ceuse given in	Part i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						PERF	ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
اق						1 _ YES	2 1 NO	OF DEATH?
¥ .								1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF DEATH JOH	neck only one)		
2	EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:				
\>			R/Outpatient 3 DOA			8 Other (Specify)		
Ŧ	27. MANNER OF OEATN	28e. DATE OF IN (Month, Day,	JURY 26b. TIN		JURY AT ORK?	28d. DESCRIBE NO	V INJURY OCCUR	EO
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF	NJURY — Al home, farm,	street, factory, offi	Ce	28t LOCATION (Street	et end Number or i	Rural Route Number,
ш	4 Homicide determined	building, etc	c. (Specify)			City or Town, Sta	ite)	
Ξį.	AL CONTROL							
COMPLETE	29a. CERTIFIER (Check only	ICIAN: To the best of my	y knowledge, death occurr	ed at the time, dat	e end place, end due	to the cause(s) end n	nanner ee stated.	
⋛∥	one) 2 MEDICAL EXAMIN	ER: On the basis of exar	nination end/or investigation	on, in my opinion,	death occured at the	time, date end place,	end due to the co	euse(s) end manner es stated.
ŏ								
#	29b. SIGNATURE AND TITLE OF CERTIFIE	"   ()			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
	A A A A A	11	~		1 02712	1	1 7	1110
U 1	Yunt				1 / /- 110	_ >	[ 1	6113
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSE	OF DEATN (ITEM 27) (Type	, Print)	1 7211			6113
7	- 1 0		9		2211		1 (1	61/3
TC	750 main 51	uct	Reintento		m 0 211	31	] (1	6113
TC	- 1 0	32. REGISTRAR	Reintento		m 0 2111	31		6113

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FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Leat) RANDOLPH ERIC GEORGE									Z. DATE OF DEATH 7MONTH 4 DAY 199 BAR 9:23			: 23 P
	4. SOCIAL SECURITY NO. 212-17-884		5, SEX 1 ⊠ M 2 □ F	6. AGE (In yrs. les 20		IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH 1, Day, Year) 5-1972	0,	Country)	CE (State or Foreign
ECTOR	90. FACILITY NAME (N. 7) SHOCK					MORE C			9c. COUNTY Ba	of DEAT			
BY FUNERAL DIR	RESIDENCE OF D 100. STATE Maryland	10b. COUNT	timore		10c. CIT	ry, town or location Edgewater							I. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 1807 LOT						101. ZIP CODE 21037				10g. CITIZEN	USA	COUNTRY?
	11. MARITAL STATUS  1 Never Married 2  3 Wildowed 4 1			IT EVER IN U.S. AR YES 2 2	2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)			RACE — Black, W Spectly: Whi					
COMPLETED	(Specify Elementary/Secondary	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			live kind of to Do NOT us	usual occi work done duri se retired.) ident	UPATIO ing mos	t of working	Technical Instit				titute
BE CO	17. FATHER'S NAME (Firs Randolph	(nmn)	George			<del></del>			da Lo	ouise :	Friend		
5	190. INFORMANT'S NAM Linda L. G			19	1807	Lorel	Ley	Rd., Ed	gewat	ter, M	d. 21	.037	
x	1 X Burial 2 Cremation 3 Removal from State						8/199		cation - city		State		
	21. SIGNATURE OF FUNERAL SERVICE DICENSEE  22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A.												
ATION	23. PART I. Enter the	s disesses, or	complications the	it coused the de	asth. Do i								Approxima
ATION	shock, o IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially liet con If any, leading to im	r heert fellure. (Final	a. Head DUE TO	and of the As A CONSECTION AS	OUENCE O	not anter th	a mod	le of dying, suc					Approxima interval Be
SERTIFICATION	immediate cause disease or condition resulting in death)	r heert fellure. (Final n hditions, mediate RLYING injury	a. DUE TO	d and	OUENCE O	not anter the	a mod	le of dying, suc					Approximation
N: MEDICAL CERTIFICATION	shock, o IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially liet cor if eny, leading to im ceuse. Enter UNDEF CAUSE (Disease or that initiated events	rheert fellure. (Final  n  miditions, mediate BLYING injury	a. DUE TO  b. DUE TO  c. DUE TO	OR AS A CONSEC	OUENCE O	not anter the	I .	of dying, suc	h ss csrd		AUTOPSY MED?	24b. WE AMOOF	Approxima interval Be Onset and Onset and RE AUTOPSY FIN ILABLE PRIOR 1 MPLETION OF CL DEATH?
MEDICAL	shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially liet confirmers, leading to improve the course. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) Leading i	rheert feilure. (Final n	a	OR AS A CONSECTION OF AS A CONSE	OUENCE O	P: F): OTHER:	To the state of th	ceuse given in	Part I.	24e. WAS AN PERFOR	AUTOPSY MED?	24b. WE AMOOF	Approximatinterval Be Onset and Onset and Onset and Income of the Onset and
PHYSICIAN: MEDICAL	Shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially liet confirmed in the course. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L  PART II. Other signification of the course of the cour	rheert fellure. (Final  Additions, mediate BLYING injury LAST  Ifficent conditions  The property of the proper	a. DUE TO  b. DUE TO  c. DUE TO	OR AS A CONSECTION OF AS A CONSE	OUENCE O	OTHER: 4   Nursing	26. PL. 99 Homes	ceuse given in	Part I.	24e. WAS AN PERFOR X YES 2	AUTOPSY MED?	24b. WE AMICOO	Approximatinterval Be Onset and Onset and Reautopsy Fin ILABLE PRIOR TO MPLETION OF CURRENTS APPROXIMATION OF CURRENTS APP
D BY PHYSICIAN: MEDICAL	shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially liet con if any, leading to improve the couse. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L  PART II. Other signification of the couse. Examiner?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5  2 Accident	rheert feilure. (Final n  Inditions, amediate RLYING Injury LAST  Ifficent condition  The property of the prop	B. DUE TO  DUE TO	OR AS A CONSECTION OF AS A CONSE	OUENCE O	OTHER:	26. PLL 29 Home WOP 1   Y	ceuse given in	Part I.  eck only one  B Other  28d. DES	24e. WAS AN PERFOR X X YES 2	AUTOPSY MED?	24b. WE AMICOOF	Approxima interval Be Onset and Onse
ETED BY PHYSICIAN: MEDICAL	shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially liet confirmation in couse. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L  PART II. Other signification in couse. Enter Unitiated events resulting in death) L  25. WAS CASE REFERRE EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 8 4 Homicide	ED TO MEDICAL  Pending investigation  Could not be detarmined  CERTIFYING PNYS	B. DUE TO  DUE TO	OR AS A CONSECTION OF INJURY — At ho atc. (Specify)	OUENCE O  OUENCE O  OUENCE O  OUENCE O  Tesulting  DOA  28b. TIM  N.  Dome, farm,	OTHER: 4   Nursing E OF URY M street, factory	26. PL/g Horning Sc. WUT	ceuse given in  ACE OF DEATN (Ch.  5  Residence JRY AT  RS 2  NO	Part I.  eck only one  B Other  28d. DES  281. LOCAL  chy of	24e. WAS AN PERFOR X X YES 2  e)  or (Specify)  CRIBE HOW III  ATTON (Street a or Town, State)	AUTOPSY MED?  NO  NJURY OCCUR	24b. WE AME CO OF IX	Approximatinterval Bet Onset and Onset and Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval
D BY PHYSICIAN: MEDICAL	shock, of IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially liet confirmation in couse. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L  PART II. Other signification in couse. Enter Unitiated events resulting in death) L  25. WAS CASE REFERRE EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 8 4 Homicide	CERTIFYING PNYS	BICIAN: To the beals of e	OR AS A CONSECTION OF INJURY — At ho atc. (Specify)	OUENCE O  OUENCE O  OUENCE O  OUENCE O  Tesulting  DOA  28b. TIM  N.  Dome, farm,	OTHER: 4   Nursing E OF URY M street, factory	26. PL/g Horning Sc. WUT	ceuse given in  ACE OF DEATN (Ch.  5  Residence JRY AT  RS 2  NO	Part I.  eck only one 8 Other 28d. DE\$  28f. LOCK City of to the cau	24e. WAS AN PERFOR X X YES 2  e)  or (Specify)  CRIBE HOW III  ATTON (Street a or Town, State)	AUTOPSY MED?  NO  NJURY OCCUR and Number or i	24b. WE AMI CO OF 1X	Approximatinterval Be Onset and Onse

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be annoted in spital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and one had for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State heart with th	MPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VI	TO THE HOSPITAL DR ATTENDING PHYSICIAN:	O THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the St	MPORTANT: It item 28 is marked, or it

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	CATE C	F DEATH	REG	i. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		. TIME OF DEATH
Virginia Maxim	ne Haught				монтн 7	5 1	1993	9:00 p <sup>M</sup>
		(in yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRT	Tu I	8. BIRTHPL	ACE (State or Foreign
235-24-0789 1 9a. FACILITY NAME (If not institution, give street	□ M 2 K F	68 YRS.	MONTHS DAY	/N OR LOCATION OF DE	(Month, Day, 16 5-18-1			Virginia
Carroll Co. Gen. Ho				inster	ATH		roll	тн
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION			1	Od. INSIDE CITY
Maryland Baltin	nore		Owings	Mills			1	LIMITS?  YES 2 NO
10e. STREET AND NUMBER  6 Cedarmere Road				101. ZIP CODE 21117			U.S.A	AT COUNTRY?
	. WAS DECEDENT EVER (FORCES? 1 YES	2 ANO	If yes	DECENDENT OF HISPAN, specify Cuban, Maxican YES 2 NO Specify	n, Puerto Rican, et	Ify Yes or No —	14. RACE -	- American Indian, White, alc.
15. DECEDENT'S EDUCATI (Specify only highest grade com	ON opleted)	18a. DECEDENT'S U	rk done during	ATION most of working	16b. KIND C	F BUSINESS/INC		
Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	Housewi	retired.)	•	Но	memaker	•	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI		falden Surname)		-
Harry Coulter					Haught			
19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural R				
William O. Haught				Rd. Owings				
1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State Cer	b. PLACE AND DATE OF melecy, crematory or oth ALL Sain	propiece Cem	• 7-9	1993	Reiste		,
21. SIGNATURE OF FUNERAL SERVICE LICENS  J. Harte E			Eckh	and Address of Fac	al Chap	el	3413	ls. MD. 21
23. PART i. Enter the diseases, or come shock, or heart feilure. Liet IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on a	d tha death. Do no sach ilna.  MM g (A		mode of dying, such	as cardiac or	respiratory arr	reat,	Approximata Interval Between Onset and Death 3 mm + 6
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):						
PART ii. Other eignificant conditions co	ontributing to death b	out not resulting in	the underly	ring causa given in I	PE	AS AN AUTOPSY REFORMED?	AN CI	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (Che				
	OSPITAL: Inpetient 2 ER/Outp		OTHER:	lome 5 - Residence				
27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	INJURY AT WORK?	28d. DESCRIBE H		CURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, ferm, str		YES 2 NO	28f. LOCATION (S City or Town,	Treet and Number State)	or Rural Rou	te Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: 0.								nd manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	u-			29c. LICENSE NUM				lonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	10 (3		1	10/1	4
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						
JUL 7'93	girla Beridan	- starting						

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by the futheral director, page 3 should be detached not use as the buttal-transit permit. Pages 1, 2, 3 emokal.	dical examiner must be notified at once.	
F FUNERAL DIRECTOR: After this certificate has been signified by the attending physician and bornieting by the funeration, or removal.  Within 72 hours after death with the State Dept. of Health 34 Append Hyglene prior to burial, cremation, or removal.	STANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIF	ICATE OF I	DEATH	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)	MATTIE HAGO				2. DATE OF DEATH O	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 230 20 7410		'in yrs. last birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/09/06		8. BIRTHPI Country)	LACE (State or Foreign
PACILITY NAME (If not institution, give e REGENCY NURSING H	and the same.		96. CITY, TOWN OF		ATH		NCE GI	EORGES
RESIDENCE OF DECEDENT  10a. STATE  NA  NA  NA	1		Y, TOWN OR LOCATED					IOG. INSIDE CITY LIMITS?
100. STREET AND NUMBER 1400 Florida Aver	nue, N.E. #81			2000E				IAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 X NO	If yes, spec		IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	se or No-	14. RACE - Black, Specify: BLa	- American Indian, White, stc.
15. GECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEOENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATION work done during most se retired.)	of working	Hospit		OUSTRY	
17. FATHER'S NAME (First, Middle, Last) BYRD BRANDON				16. MOTHER'S NA ANNIE	ME (First, Middle, Maide TERRY	n Surneme)		
19a. INFORMANT'S NAME (Type/Print) EVELYN D. BUSH	(DAUGHTER)				Route Number, City or To			
20e. METHOD OF DISPOSITION  1 23 Buriat 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State F	ORT LINC	OLN CEME	ERY			D, MA	n, State RYLAND
21. SIGNATURE OF FUBERIAL SERVICE LIC	Pour Is	м859	ALEXAN	DER S.	POPE FUNE Pike,For	RAL H	IOME	Id 20747
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Mass DUE TO (OR AS A	A CONSEQUENCE OF	Fluid 16	f Fai Leten: ailur	ilure sion			Interval Between Onset and Death 3 Lays  Zuys  Zmms.
PART II. Other significent condition  Appert ins  The II. I	//. /	out not resulting  NASCU  Melli	1. 7	cause given in		N AUTOPSY PRMED? 2 NO		WERE AUTOPSY FINOINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs	petient 3 DOA	OTHER:	6 Residence	eck only one)  6  Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WOF	RY AT IK? ES 2 NO	28d. OEŞCRIBE HOW	INJURY O	CCUREO	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, city)	street, factory, office		28f. LOCATION (Street City or Town, State	t and Numbe	er or Rural Ro	ute Number,
Torribon only	ICIAN: To the best of my know ER: On the basic of examination							end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	4 FARSI	7), MI	a, Print)	29c. LICENSE NUI	MBER 37	29d. DA	G Z	Month, Day, Year)
31. DATE FILED (Morith, Day, Year) JUN 2 2 1993	32. REGISTRAR'S SIGN		hingles w	1 20	744			

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permit. Pages 1, 2, 3 should

examiner medical the event, traumatic the attending physician if Mental Hygiene prior to DR ATTENDING PHYSICIAN: The law requires that the death certificate be other 6 Injury, been signed by th x. of Health and N shows any Inj has be Dept. this certificate har with the State De Irked, or Item 2 marked, After 1 death DIRECTOR: A hours after d - 600 THE HOSPITAL D THE FUNERAL D filed within 72 ho

IMPORTANT: If

PPS

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12 1993 0 6 10:51P.m Housenfluck James Bryan 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. Oct. 10 1972 216 13 9903 1 M 2 □ F Washington D.C 9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Peninsula Regional Wicomico Salisbury 10e. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Gambrills 1 - YES 2 100 10a, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1744 Thistle Court 21054 United States NAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE - American Indien, 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Pt 1 ☐ YES 2 ☒ NO Specify: IF YES, GIVE WAR OR DATES Specify: White BΥ 3 Widowed 4 Divorced No COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Warehouse Clerk Fawett Company once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Earl L. Housenfluck BE Carene E. Peter 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Earl L. Housenfluck 1744 Thistle Court Gambrills Maryland 21054 20e. METHOD OF DISPOSITION
1 XBurlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) Cedar Hill Cemetery 6/18/93 Suitland Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween **IMMEDIATE CAUSE (Final** Onset and Daath disease or condition 6 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL: V
1 □ Inpetient 2 □ ER/Outpetient 3 □ DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Pedestrian Struck by Auto 1 Natural 5 Pending Investigation 1 YES 2 W NO В 9:30P 06/12/93 2 Accident 3 Suicide PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) ETED 28f. LOCATION (Street and Number or Rural Route Number 8 Could not be 4 Homicide determined Highway 37th & Coastal Highway 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 296 SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) h O.C.M.E. 06/13/1993 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARON ockE, MO 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Funda Davidson-Randall JUN 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 20744

		REGISTRAR		CE	RTIF	ICATE C	OF DEATH		REG. NO.	_		
		1. DECEDENT'S NAME (First, Middle, Last)	N7 1 A		1.			MON	E OF DEATH	W 100	<b>ХЕМЫ</b>	3. TIME OF DEATH
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P		4. SOCIAL SECURITY NUMBER 222-07-0689	1 🔀 M 2 🗆 F	(In yrs. lest i	YRS.	IF UNDER 1 YE MONTHS DA		7. DAT (Mo Apr	il 15,	1908	Country)	yland
2, 3 should	ECTOR	9a. FACILITY NAME (If not institution, give s Union Hospital o		ty		Elkt	WN OR LOCATION OF	DEATH		9c. COUNT		ATH
- S	띮	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		10c. CITY	Y, TOWN OR L	OCATION					IOd. INSIDE CITY
nit. Pages	DIR	Maryland Ceci	1			cton						LIMITS?
permit.	₹¥	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	EN OF WI	IAT COUNTRY?
an. ransit	FUNER	714 Bridge Stree					21921			U.S	.A.	
attending physician.	BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	YES 2 X NO If yes, specify Cuben, Mexic					ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
r attending use as the	8	15. DECEDENT'S EDU		16a. DEC	EDENT'S	USUAL OCCUI	PATION	10	Sb. KIND OF BUS	SINESS/INDU	ISTRY	
東京	<b>a</b>	(Specify only highest grade	College (1-4 or 5+)			vork done during the retired.)  Drive:	g most of working		Oil Co	mpany		
the hospit detached detached	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First	, Middle, Malden	Surname)		
新 品 名 番	BE	Augustus	Nolen Howell					F1c	orence	Brown		
12.5	2	19a. INFORMANT'S NAME (Type/Print)	1.1				eet and Number or Pura					
	-	Marjorie L. Howe	11	/	14 1	bridge	Street -	EIKI	con, MD	219	21	
er death. Page 5 min the funeral directs, p val.		20a. METHOD OF DISPOSITION  1 Strict Burtal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from Stata CO	matery, crem	atory or ot	of disposition ther place) Ceme		7-1 19		cation — c		Maryland
Page ral dire		21. SIGNATURE OF FUNERAL SERVICE LIC					E AND ADDRESS OF I		7.7			, , , , , , , , , , , , , , , , , , , ,
death. Pag funeral di  examiner		> X opla	5 3/	6	1/	1 10.	3 West St	ockto	on Stre	et	11.	
24 hours after filled in by I don, or remother in medical		23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause on o	each line.		ot enter the		ich as ca	irdiac or respi	ratory arre	st,	Approximate Interval Betwee Onset and Deat
ed within 24 ompletely fille II, cremation, event, the		resulting in death)	DUE TO (DR AS	A CONSTRI	IENCE OF	Kant 1	real					-
2 5 - 6	_		a Myoceic	-	L	No.	outs.					
8 0 =	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS		IENCE OF	3:	G CA					1
	2	CAUSE (Disease or injury	· Duels	M	cel	2						
	ERTIFI	that initiated events resulting in death) LAST	ASUD.			n: On!	1					
E 5- 0	ä			Cu		OPERA						
that bed by	MEDICAL	PART II. Other significant condition	s contributing to death	but not res	sulting I	n the under	lying cause given i	n Part I.	24a. WAS AN PERFOR	MED?	1 6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
has been signed to Dept. of Health a	Ä											F DEATH?
law re as bee Jept. o 23 sh												
SICIAN: The law certificate has th the State Dept d, or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				8. PLACE OF DEATH (C	Check only	one)			
STAN:	YSI	1 YES 2 NO	1 Nopetient 2 ER/Out	petient 3	DOA	OTHER: 4 - Nursing	Home 5 🗆 Residence	6 🗆 Ott	ner (Specify)			
王 元 章 章	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME INJ	URY	INJURY AT WORK?	28d, DI	EŞCRIBE HOW II	IJURY OCCL	RED	
CTOR: A after de 28 Is		3 Suicide 8 Could not be determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At homeoffy)	e, farm, s	treet, factory,	office	28f. LO Cit	CATION (Street a y or Town, State)	nd Number o	r Rural Roi	ite Number,
\$ \$ £ =	COMPLET		CIAN: To the best of my know									and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	H	296. SIGNATURE AND TITLE OF CERTIFIER	in Her	MI			29c. LICENSE NO.			29d. DATE	SIGNED (F	fonth, Day, Year)
	٩	30. NAME AND ADDRESS OF PERSON WH									1	
		Jui-Chih Hsu, M.	D 223 Wes	st Mai	in S	treet	- Elkton,	MD	21921			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE								

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MORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical

Herbert H. Leighton, M.D.,

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

	FOR							772.70				93	207	46
	1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR					MENTA					
	1. DECEDENT'S NAME (First, Middle, Lest)				IOAI		DEAL	-	2. DATE	REG. NO	).	1	. TIME OF OEATH	,
	Wyatt All	en H	ARVEY						MONT 6	н о	7 199	YEAR	5:00	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	10.		ACE (State or Fore	ol "
	219-39-0872	1 🔀 M 2 🗆 F		YRS.	MONTHS 3	DAYS	HOURS	MIN.		h, Day, Year)	Mary			
	9a. FACILITY NAME (If not institution, give s	street and number)			_		OR LOCATIO	ON OF DE		. 10,		TTY OF DEA		
	Rt. 3, Box 5840					O a	klan	d					0.7.0	
DIRECTOR	RESIDENCE OF DECEDENT					Va	IKIAII	u			] Ga.	rrett		
뿔	10a. STATE 10b. COUNT	_		10c. CIT	Y, TOWN	OR LOCAT	ION					1	Od. INSIDE CITY	
	MD	Garrett						0ak1	and			1	TYES 2 X N	10
FUNERAL	10a. STREET AND NUMBER					101	. ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?	
l H	Rt. 3, Box 5840									550		U	SA	
	11. MARITAL STATUS  1 3 Never Married 2 Married		YES 2 3		13	I yes, sp	ENDENT O	F HISPAN	IIC ORIGII	i? (Specify Ye Rican, atc.)	s or No-	14. RACE - Black, 1	- American Indian White, atc.	3,
B≺	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES			1 TYES	2 🔀 NO	Specify	y:		1	Specify:	White	
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL	OCCUPATIO	ON		161	. KIND OF BU	SINESS/IND	LISTOV	WILLE	
<u></u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of le. Do NOT u	work done	during mo	st of working	g	100	. KIND OF BO	311123371110	OSTAT		
.   글	-0-	ounego (1 4 or 5	"	In	fant					None				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						1e. MOTH	ER'S NA	ME (First,	Middle, Malden				
BE C	Jeffrey Allen	Har	vey				Shel	lbad	ean	Lu	.cille		Bolyaro	4
	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRES	SS (Street a				ber, City or Tox			DOLYALO	1
٤	Jeffrey A. Harvey									, Mary			50	
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem		20b. PLACE	AND OATE	OF DISPO	SITION /Ne	me of		DAT		CATION -			
	4 Donation 6 Other (Specify)	Oval from State	cemetery, cr	rematory or o	ther plece	mete:	ry		6/3	30 0a	kland	. Mar	vland	
	21. SIGNATURE OF FUNERAL SERVICE LA	OENGREE U				. NAME AN	ID ADDRES		CILITY			,	7 2 - 11 - 1	
	- Braden X	boulle					vart			Home, Oak	land	MD	21550	
	23. PART i. Enter the diseeses, Dr	complications the	t ceused the d	leath. Do i	not ente	r the mo	de of dyir	ng, suci	h as cen	liec pr resp	iratory em	eat.	Approximat	
	shock, or heart fellure.  IMMEDIATE CAUSE (Finel	Liet Dniy Dne Ceu	se on each iin	le.									Interval Bet Onset and	ween
	At	Septio	emia										2 days	
	resulting in death)	DUE TO	(OR AS A CONSE	EOUENCE O	F):								2 days	
z	1990	Diffus	e encep	helo	ath	у, с	ongen	ita.	1				3 mont	hs
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8	cause. Enter UNDERLYING CAUSE (Disease or injury	С.												
든	that initiated eventa	DUE TO	(OR AS A CONSE	EQUENCE O	F):									
	resulting in death) LAST	d												
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MEDICAL	Intra-septal ve									PERFO		Al	ERE AUTOPSY FINE MILABLE PRIOR TO DMPLETION OF CAL	)
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Σ									-			1	YES 2 NO	)
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잃	EXAMINER?  1XXYES 2 NO	HOSPITAL:	ES/Output		OTHE	R:								
Η	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TIM		28c. INJ	e 5 X Ras	sidence		r (Specify)	N.IIJEY OCC	11950		
	1 Natural 5 Pending	(Month, D.	ny, Ybar)	INJ	URY	WO	RK7	I NO	EGG. DE.	CHIBE HOW I	MJOHT OCC	ONED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At h	ome, farm,	street, fac			-	261, LOC	ATION (Street i	and Number	or Rumi Bou	ta Number	
E I	4 Homicide detarmined	building,	etc. (Specify)				4		City	or Town, State)			,	
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge 4	anth con-	ed as the	time det			4. 16.				<del></del>	
M	(Check only one) 2/2 MEDICAL EXAMINE												nd manner ee st-t	lad.
	296. SIGNATURE AND TITLE OF CERTIFIES		1	/		7				and piece, a				wd.
H	N. I. F. L.	7.	1/	-2	0	, 1	D O	NSE NUM ) 5658					onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED SAME	mon	- M	1/-	`	ט ע	) د ن د ،			L Ju	me Zo	1993	

502 E. Oak Street, Oakland, Maryland

		FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN REG. NO.		13	20	14	
		1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	av .	YEAR	3. TIME OF D	EATH	-
		Katherine H. H						6 21		3 2	2:20	p	M
		4. SOCIAL SECURITY NUMBER		in yrs. lesi		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHP Country)	LACE (State	or Foreign	,
Pin		577-01-6817  9e. FACILITY NAME (If not institution, give si	1□M2√F 88		YRS.			12-30-04			nada		
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₩.	딥	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		10c. CITY	TOWN OR LOCAT	TION				10d. INSIDE	YTY	
permit. Pages	DIR		lbot		Ea	ston					LIMITS?		
	RAL	10s. STREET AND NUMBER	-			101	, ZIP CODE		10g. CITIZI	EN OF WI	AT COUNTR	Y?	
lan. transi	UNER	11 North Auror	a Street  12. WAS DECEDENT EVER II	1110 400			21601		US				
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit at once.	L	1 Never Married 2 Married	FORCES? 1 YES	20 XN	MED IO	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	I4. RACE - Black, Specify	- American White, etc.	Indian,	
nding as the	D BY	3XXWidowed 4 Divorced									nite		
2121 al or atte for use a	ETE	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE6	CEDENT'S L	JSUAL OCCUPATION Ork done during monotonic oretined.)	ON est of working	16b, KIND OF BUS	SINESS/INDU	STRY			
the hospital of detached for once.		Elementary/Secondary (0-12)	College (1-4 or 5+)			etarv		T.O	qal				
AND the hospita detached once.	COMPI	17. FATHER'S NAME (First, Middle, Last)			DCCI	ccury	18. MOTHER'S NAME	(First, Middle, Maiden					_
Y Se la	ш	Henry Franklin	Harrison				Meliss	a Gosne	11				
MAR	TO B	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street a	and Number or Rural Ro	ite Number, City or Tow	n, State, Zip C	code)			
m ( ) 2		Helen Fegan Bo	wer	P	.0.	Box 97	3, St. N	Michaels	, MD	216	663		
8 T		20e. METHOD OF DISPOSITION  1  Burlal 2  Commetton 3  Remo 4  Donation 5  Other (Specify)	oval from State cerr	etery cres	matory or oth	FDISPOSITION (Na ner place)	atory 6	1	CATION — CI				
ALTIM death. Page funeral dire f. examiner r	31	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	And the sales	0001	22. NAME AF	ND ADDRESS OF FACIL	JTY			MID		
		JOHN R. N	MERCERON	C	FSP	20	nam Fune	rison S	+ 1	Fact	-on	MD	
within 24 hours upletely filled in recemation, or revent, the med		23. FAITH I. CHIEF THE GISERSES, OF C	omplications that cause clist only one cause on e	ach line.	1911	at enter the mo	de of dying, such	as cardiac or reapi	ratory arre	pt,	Approx	cimata ii Betwe and De	
.O. BOX 687 certificate be executed fing physician and cor fygiene prior to bunal,	FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events.)	DUE TO (OR AS A			//	g cal	or			50	1/	7
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the deal of the Menta	- 1	PART II. Other significant condition:	s contributing to death b	ut not n	esuiting in	the underlying	cause gluen in Pr	irt i. 24a. WAS AN	AUTOBEV	1 245 1	WERE AUTOPS	V FRIDAY	000
RECOR requires that been signed b to of Health ar shows any	H: MEDICAL							PERFOR	MED?		MAILABLE PR COMPLETION OF DEATH?	IOR TO OF CAUSE	301
AL Phe law he law e has be c Dept.	₹ I	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Check	conty one)					
SICIAN: The law certificate has th the State Dept d, or Item 23	Sic	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	attent 3		OTHER: 4 Ja Mursing Hom	e 5 🗆 Residence 6	Other (Specify)					
PHYSICI this cer with the	PHYSICIAN:	27. MANNER OF DEATH	28e, DATE OF INJURY (Movim, Day, Year)		26b. TIME INJU	OF 26c, INJ		nd. DESCRIBE HOW I	NJURY OCCU	RED			$\neg$
ON O DING PHYS After this death with	₽	1 Natural 5 Pending 2 Accident Investigation				M 1	res 2 🗌 NO						
TTENDI TTENDI TTOR: A after d	8	3 Suicide II Could not be 4 Homicide determined	38e. PLACE OF INJUSTY building, etc. (Spec	— At hor	me, farm, st	reet, factory, offici		Bf. LOCATION (Street a City or Town, State)	end Number o	Rural Ro	ute Number		
AL OR	COMPLET		CAN: To the best of my know R: On the basis of examination								and manner	na atated	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 I	TO BE C	296. SCHATURE AND TITLE OF CERTIFIER 302 MARIE AND ADDRESS OF PERSON WHO	1404X F	10)	6 7	22-93	29c, LICENSE NUMB	P 8	29d. DATE	SIGNED (	Month, Day, Y	3	
	- 1		DE	CALLED CALLED	ary (nype, i	11111							

R. Lane Wroth, M.D., P.O.Box 290, St. Michaels, MD 21663

1 - FOR STATE REGISTRAR		STATE OF M				F HEALTH AND OF DEATH	MENTA	L HYGIEN REG. NO.	-		33.37
1. DECEDENT'S NAME (First, M GEOR		RAE	E H	ILL			2. DATE JMONT JUI	te 30,	"1993"	SAR 3.	6:25 PM
4. SOCIAL SECURITY NUMBER 579-01-264	44	5. SEX 1 M 2 XF	6. AGE (In yr.		IF UNDER 1 YE		7. DATE	of BIRTH	L916 N	BIRTHPLA Country) Tary	ACE (State or Foreign 7 Land
9a. FACILITY NAME (N not institute of the control o	Count		ing H			wn or location of d Plata	EATH		9c. COUNTY Char		
RESIDENCE OF DECE	10b. COUNTY	rles		10c, CITY,	TOWN OR LO	OCATION					d. INSIDE CITY LIMITS?  YES 25 300
100. STREET AND NUMBER	•		Road	12.0		101. ZIP CODE 20664					T COUNTRY?
11. MARITAL STATUS 1 Never Married X2X M 3 Widowed 4 Divorce	larried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S	S, ARMED NO S	13. WAS If yes	DECENOENT OF HISPA a, specify Cuban, Mexico YES 2/1/190 Speci	NIC ORIGI ori, Puerto y:	N? (Specify Yes Rican, atc.)	or No.— 14.	RACE — Black, W Specify:	American Indian, thita, etc. White
15. DECEC (Specify only h Elamentary/Secondary (0-12			+)	n. DECEDENT'S U (Give kind of wo life. Do NOT use  Louse V	rk done durin retired.)	PATION g most of working	161	At H		FRY	
17. FATHER'S NAME (First, Midd William M		ck Hodg	es			Gertru					
19a. INFORMANT'S NAME (Type Alfred B.	Hill					reet and Number or Rural Is Creek		, Newb	urg,M	d.20	
20a. METHOD OF DISPOSITION    Surial 2	3 🗆 Remi		oth	ner nienel	SILL VICE	of cometery, crometory or al Garde	ns	3	cation – chy ldorf		ryland
21, SIGNATURE OF FUNERAL	SERVICE LIC	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  M00174  M00174  M00174  M00174  M00174  AREHART—ECHOLS FUNERAL HOME, INC. P.O. BOX 567, LA PLATA, MD. 20646									
	_		-		I F	O. ROX	00/	, LA	PLATA	r , riii	. 20040
23. PART i. Enter the dis- ahock, or hes iMMEDIATE CAUSE (Fine- disease or condition resulting in death)	ert fellure.	a. Curlu	me on each	line.	anter the						Approximate interval Batween Onset end Death
ahock, or had iMMEDIATE CAUSE (Fine disease or condition	ent fellure.	a. OUE TO b. DUE TO c.	(OR AS A CO	NSEQUENCE OF	anter the	mode of dying, suc					Approximate interval Batween
ahock, or had immediate and immediate and immediate and immediate and immediate and immediate. Enter UNDERLYIN	ons, late	a. OUE TO b. DUE TO c.	(OR AS A CO	Ina.  ISTANDA  INSEQUENCE OF)  HISEQUENCE OF)	anter the	mode of dying, suc					Approximate interval Batween
shock, or hee iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list conditio if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ons, iste	a. OUE TO b. DUE TO c. DUE TO d.	(OR AS A CO	NISEQUENCE OF)	anter the	mode of dying, suc	ch as cer		I AUTOPSY RMED?	24b. WE AM	Approximate interval Batween
ahock, or hee iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielly list condition if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant	ent feliure.	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A CO	Insequence or wisequence or one resulting in	t anter the	mode of dying, suc	Part I.	24a. WAS AN PERFOI	I AUTOPSY RMED?	24b. WE AM	Approximate interval Batween Onset end Death Onset end Death End of the Control of Cause F Death?
ahock, or hee iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielty liet condition if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	ent feliure.	a. OUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO	Inne.  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)	t anter the	riying cause given in	n Part I.	24a. WAS AN PERFOI	I AUTOPSY NMED?	24b. WE AMOCC DF	Approximate interval Batween Onset end Death Onset end Death End of the Control of Cause F Death?
ahock, or hee iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH   Netural 5   PA   Accident   Accident   Suicide 6   C.	ent feliure.	B. OUE TO  DUE TO	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO	Inne.  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  At home, farm, st	ot anter the	riying cause given in  the self-self-self-self-self-self-self-self-	Part I.	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY NAMED?	24b. WE AM CODE	Approximate interval Batween Onset end Death Onset end Death End of the Control of Cause For Death?
ahock, or has iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	ent feliure.  In a condition  MEOICAL  MEOICAL  In a condition  MEOICAL	B. OUE TO DUE TO	(OR AS A CO (OR AS	Inne.  INSEQUENCE OF)  INSEQUE	of the under	node of dying, such mode of dying, such mode of dying, such mode of dying, such mode of the mode of th	Part I.  6 Oth 28d. DE	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED?	24b. WE AM CC DF	Approximate interval Batween Onset end Death Onset end Death Properties of the Prope
ahock, or has iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	ending meetigation out of the teamined	B. OUE TO  DUE	(OR AS A CO (OR AS	Inne.  INSEQUENCE OF)  INSEQUE	of the under	node of dying, such mode of dying, such mode of dying, such mode of dying, such mode of the mode of th	Part I.  6 Oth 28d. DE 28f. LO C/h	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED?  2 NO  INJURY OCCUP and Number or	24b. WE AM CC DF 1	Approximate interval Batween Onset end Death Onset end Death Properties of the Prope
ahock, or hee  iMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentielty list condition if any, leading to immedit cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH   Netural 5   Property	ent feliure.  In a specific property of the sp	a. OUE TO  b. OUE TO  c. DUE TO  d	(OR AS A CO (OR AS	Inne.  INSEQUENCE OF STATE OF	ot anter the	riying cause given in the second of the seco	Part I.  6 Oth 28d. DE 28f. LO C/h	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED?  2 NO  INJURY OCCUP  and Number or  nner se stated.  nd due to the c	24b. WE AM CC DF 1 1   1   1   1   1   1   1   1   1	Approximate interval Batween Onset end Death Onset end Death

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

be notified at once.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examples of the medical examples. BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	Pages 1
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e 6 may be retained by the hospital or attending physician.	page 5 should be detached for use as the burial-transit permit. Pages
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-flour and the state of may be retained by the attending physician and completely filled in the state of the state been signed by the attending physician and completely filled in the state of the state Dept. of Health and Mental Hygiens prior to burial, cremation, or litting after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or litting after the notified at once, IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERLIF	CALE	UF	DEAL	П	REG	NO.		
1. DECEDENT'S NAME (FIRST	, Middle, Last)	JEF	FRIE	S					2. DATE OF OEAT MONTH 06/26	DAY	YEAR	3. TIME OF OEATH 2:29P.
4. SOCIAL SECURITY NUMI 212-38-73		5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, Ye	d mr)	8. BIRT Coun	HPLACE (State or Foreign try)
9a. FACILITY NAME (If not if		X	95	YRS.	AL DITT!				06-07		<u> </u>	
							R LOCATIO		EATH	9c. C0	OUNTY OF I	
North Ha	EDENT	Manor			F	rea	eric	ζ			Free	derick
10a. STATE MD	10b. COUNTY	ederick	- "		r, town or Frede							10d. INSIDE CITY LIMITS?  1 ,YES 2 NO
10e. STREET AND NUMBER		EGELICA			rrede		. ZIP CODE		_	10g. C	ITIZEN OF	WHAT COUNTRY?
North Ha	moton	Manor					21	701			USA	
11. MARITAL STATUS	-	12. WAS OECEOEN	T EVER IN U.S. AF				ENOENT O	F NISPAN	IIC ORIGIN? (Speci			E American Indian, ck, White, etc.
1 Never Married 2 3 Never Married 2 Never Married 3 Never Married 2 Never Married 2 Never Married 3 Never Married 2 Never Married 2 Never Married 3 Never Married 2 Never Married 3 Never Marr			AR OR DATES				2   NO			~)	Spec	
15. DEC	EDENT'S EOUC	ATION completed)	16a. Di	CEDENT'S	USUAL OC	CUPATIO	ON et of worldo	9	16b. KIND O	F BUSINESS/I	NDUSTRY	
Elementary/Secondary (		College (1-4 or 8	+) life	ive kind of w . Do NOT us	e retired.)	and mo	or or working	9				
T.Z.				teac	cher							school
17. FATHER'S NAME (First, A	liddie, Last)						16. MOTH	IER'S NA	ME (First, Middle, M	alden Surname	)	
nfn 19a. INFORMANT'S NAME (	Ema (Driet)			A 1144 910	1000500	(Day 14 1		nm		- 0	T 0 11	
			19						Route Number, City of		Zip Code)	
Mr Jame		effries	20b. PLACE						own MD 2	1502 c. LOCATION	- City or T	Cours State
1 Burial 2 Cremeti	on 3 🗆 Remo	val from Btate	other p	lace)								
21. SIGNAPURE OF FUNERA		ENSEE	Fro	stbur	G Met	IAME AF	D ADDRES	ark SS OF FA	6-2 <u>9</u>	Fro	SEOUY	rg, MD
(Jone	7	Dear	all	1		Sca	arpel	li 1	Funeral	Home		
Sequentielly list condition if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injury)	tions, diete		(OR AS A CONSE	DUENCE DI	F):		7-24	-	<i>y</i>			
that initiated events reaulting in death) LAS	т .	ı			,							İ
PART II. Other aignific	ent conditions	contributing to	death but not	reaulting I	in the unc	derlyin	g ceuse g	olven in		AS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
13	756	C = 07 =	16 -							ES 25 NO		MAJLABLE PRIOR TO COMPLETION OF CAUSE
5/10	my.	29tec	1000						_   ``	20 . 9.10		OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. PI	LACE OF D	EATH (Ch	eck only one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatiant	3 🗆 DOA	OTHER 4 Nurs		10 5 🗆 Ra	sidence	6 Other (Specific	0		
27. MANNER OF OEATN	Pending	28a, DATE Of (Month, E		26b. TIM INJ	E DF JURY M	WC	ORK?	NO	28d. DESCRIBE	IOW INJURY	OCCURED	
2 Accident 3 Suicide 6 4 Hornicide	Could not be determined	28e. PLACE C	OF INJURY — AI h	ome, farm, i	street, facto	ory, offic	:0		28f. LOCATION (S City or Town,	Street and Num State)	ber or Rural	Route Number,
(Crieck drifty		CIAN: To the best of a					C. C. C. C. C. C. C. C. C. C. C. C. C. C					(a) and menner as stated.
295 SIGNATURE AND TITL	e of Centifier		-/				29c. LICI	ENSE NU	MBER	29d. C	ATE SIGNE	D (Month, Day, Year)
15		Con	40				0	140	26	•	61	99/93
30. NAME AND ADDRESS O	F PERSON WHO		ISE OF DEATN (ITI		Print)	c 7				dr	. 43	74 9178
31. DATE FILED (Month, Day	Year)		AR'S SIGNATURE	-	,				****			

	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAN			ERIIF	ICATE	OF DE	AIH		REG. NO.		_	
		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			TIME OF OEATH
		Johnnie Tyr	one	Jones					June	-	1993	YEAR	2:40 A M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	# UNDER 1 Y	EAR AF LIN	DER 24 HRS.	7 DATE OF				ACE (State or Foreign
		570 00 6 <b>7</b> 0 t	NCXM 2 □ F		YRS.		AYS HOUR		10/1	Day, Year)	دا ۵	Country)	
9		579-88-6794  9a. FACILITY NAME (If not institution, give		32	1110.					3/19			., D.C.
Should	Œ					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH					ТН		
.3	СТО	2318 Brightsea	t Road,	#4		Land	over,	Mar	ylan	d :	Princ	ce G	eorges
<del>-</del>	5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			_								
Pages	E				10c. CIT	Y, TOWN OR	LOCATION					10	Dd. INSIDE CITY LIMITS?
ř.		MARYLAND PRI	NCE GEOR	RGE'S		LAN	DOVE	R					YES 2 NO
permit.	FUNERAL	10e. STREET AND NUMBER					10f. ZIP C	ODE			10g. CITIZE	N OF WHA	T COUNTRY?
Isi	E	2318 BRIGHTS	מם העם	#4				2070	_				
020 physician. burial-transit		11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S.	ARMED	13, WA		2078 T OF HISPAI	VIC ORIGIN?	Specify Ves	US or No. 11		American Indian,
phys buri		1 Never Married 2 Married	FORCES? 1	YES 2	NO	It y	es, specify Cu	ıban, Mexica	in, Puerto Ric	en, etc.)		Black, V	Vhite, atc.
5-0020 nding physics is the burial	B	3 Widowed 4 Divorced	11 120, 0112 1	MIT ON DATES		'L	YES 2 X	O Specif	у:			Specify:	DIAGU
	COMPLETED	15. DECEDENT'S EDU	JCATION	16a, I	DECEDENT'S	USUAL OCCI	IPATION		10b K	ND OF BUS	INESS/INDU	CTRV	BLACK
tal or att	E	(Specify only highest grad			(Give kind of u	work done duri se retired.)	ng most of wo	rking	100. 1	ND OF 603	HHC33/HUU	SINT	
in Section 1	7	Elementary/Secondary (0-12)	College (1-4 or 5	"						PVT	1		
AND 2 he hospital of detached for	Σ	12th		n	OUSE	KEEPE	-						
A a a a	8	17. FATHER'S NAME (First, Middle, Last)					18. M	OTHER'S NA	ME (First, Mid	dle, Maiden	Surname)		
T I	BE	LOTT JONE	ES					M	ADV L	FUON	TE		
	0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRESS (S	treet and Num					ode)	
S 1 1 1 8	F	MARY JONE	25		2210	BRIG	IIM com	<b>л</b> П	.0.4	T 3 3 3		_	(D20785
	1 1	20a. METHOD OF DISPOSITION				OF DISPOSITION		1.1.	DATE		DOVE CATION - CI		
0 4 1	1 1	1X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cametary, c	crematory or o	thar place)			1				, Jiate
	1 1	21. SIGNATURE OF FUNERAL SERVICE LI		A HA	RMONY	MEM	ORTAI	PAI	2K6-2	6 LA	NDOA	ER,	MARYLAND
ALLIN death. Pag funeral Si funeral Si examiner	1 1	11/2000	. 1	21011	Las				SINS	TIME	דגים	HOME	,
		Juanay	ad X	MUUI	011.				ER RD				
ours after d in by the or removal		23. PART I. Enter the diseases, pr	complications tha	t caused the	death. Dp r	Dt enter th	e mode of	dving, suc	h sa cardia	Dr readi	ratory arrea	it.	MD20785 Approximate
5 2 0		snock, or neart failure.	List only one cau	se Dn each li	ne.						,		Interval Between
24 = P P		IMMEDIATE CAUSE (Final disease or condition resulting in death)  Acquired immune deficiency syndrome  Due to (or as a consequence of):											
ompletely fille st. cremation.	1 1	resulting in death)	a. ACG	0)120	IM	MUK	९ वर	DC	thu	7 19	man	me	
B 2 - 2			DOE TO	(OR AS A CONS	EQUENCE OF	F):				,			
E Pre	8	Sequentially list conditions,	b										
be ex dian a	ERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE OF	F):							
0 = 20	2	CAUSE (Disease or Injury	c										
	별	that initiated events	DUE TO	(OR AS A CONS	EQUENCE OF	<b>ጉ</b> :							
1 5 5 5	1 1 1	resulting in death) LAST	d										
7 0 0 5	힐	PART II. Other significant condition	De contribution to	donth had not		- 45						1	
1 26 4	EDICAL	TAIT II. Other organicalit condition	ine contributing to	death but not	remulting	n the unde	rlying caus	given in	Part I. 2	PERFORI			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
9 = e	ă								1	YES 2	DINO		OMPLETION OF CAUSE DEATH?
quires quires n sign	M												YES 2 NO
e law requents been of Popt. of Popt.									_				
The lay the has are Dep	¥	25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF	DEATH (Ch	eck only one)				
IN: The ficate h State	SICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient	3 [] DOA	OTHER:			8 Other (S				
PHYSICIAN: The law requirities certificate has been with the State Dept. of Priced, or Item 23 shor	Η	27. MANNER OF DEATH	26s. DATE OF		28b. TIM		c. INJURY AT	riesidenca			URY OCCU	BED	
NG PHYS frer this ceath with	0	1 Netural 5 Pending	(Month, D.		INJ	URY	WORK?		200. DEGC	IDE NOW IN	WORT OCCU	NEU	
ATTENDING I ECTOR: After s after death	B	2 Accident Investigation	20- BLACE O	E IN HIPPY AND				□ NO					
TTEND TTOR: / after d	8	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At I etc. (Specify)	nome, term, s	ireet, factory,	office		28f, LOCATI City or	ON (Street all fown, State)	nd Number or	Rural Rout	e Number,
OR ATTENDING DIRECTOR: After hours after death ltem 28 is ma													
DIRECT HOURS	PLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge,	death occurre	d at the time	deta and pla	ce, and due	to the cause	a) and man	ner as stated		
TO THE HOSPITAL TO THE FUNERAL (De fied within 72 h	COM	one) 2 MEDICAL EXAMINI											nd manner as stated.
FUN With		29b. SIGNATURE AND TITLE OF CERTIFIE											
표 포 를 생	H	¥2001.5	"XV"	>				CENSE NUM					onth, Day, Year)
2 6 3 ₹	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1	13 7	550		6	~ 23	-95
		30 NAME AND ADDRESS OF REMSON WE		SE OF DEATH (IT	EM 27) (Type,	Print)	7 5	-1.	21	, ,	/	V	-93 4 20706
		9 00 00	0.1		10	107	0 10	1 be	OPIV	u L	avia	n /	7 70700
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N OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF V

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

**ARYLAND 21215-0020** 

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10	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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DIVISION OF ALL AL AECOADS, P.O. BOX 00/00,	HAS	his	ŧ	ked
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	1. DECEDENT'S NAME (First, Middle, Last)		CE	RITFIC	ATE OF	DEATH	2. DATE OF DEA	i. NO.		3. TIME OF DEATH			
DIRECTOR	Letty 6. Jackson								YEAR	2:40 P:M:m			
	4. SOCIAL SECURITY NUMBER 220-03-0409			n yrs. last birthday) IF UNDER 1 YEAR NONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	e. BIRTHPLACE (State or Foreign Country) WHALEYSVILLE, M			
	9e. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COL	JNTY OF E				
	Deers Head Center Salisbury, MD							Wicomico					
	MARYLAND WORCESTER				FOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
TO BE COMPLETED BY FUNERAL	2006					2. ZIP CODE 1872	E 10g. CITIZEN OF WHAT COUNT USA						
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 X Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 N	U.S. ARMED  13. WAS DECENDENT OF HISPAT  2 NO  17 yes, specify Cuben, Mexica				ify Yes or No-	14. RACI Blac	14. RACE — Americen Indian, Black, White, etc. Specify: WHITE			
	15. DECEDENT'S EDU (Specify only highest grade	(Giv	EDENT'S US to kind of wor. Do NOT use r	BUAL OCCUPATION done during mo	ON est of working	16b. KIND (	OF BUSINESS/IN	DUSTRY	WILLID				
	Elementary/Secondary (0-12)	College (1-4 or 5+)			STRESS		CLOTH	ING MAN	UFAC	TURING			
	17. FATHER'S NAME (First, Middle, Last) HARVEY J. CAREY					State of the state	AME (First, Middle, A						
	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AI	ODRESS (Street o	ELIZABE	TH HUDS		in Code)	-			
	J. RICHARD JACKSO	N			ER RUN		LLE, DE		_				
				natory or other	DISPOSITION (Ne place) CEMETE		DATE 20c. LOCATION — City of To			•			
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE		DALLE		ND ADDRESS OF F		WHALEI	PATE	LE, MD.			
	+ Kith R. Downey HASTINGS FUNERAL HOME, SELBYVIL							LE, DE. 199					
										Approximate interval Between Onset and Death			
NO	Sequentielly list conditions,	b. DUE TO (OR A	AS A CONSEC	UENCE OF):									
ATIC	cause. Enter UNDERLYING				TOWIE -	If any, leeding to immediate							
C	CAUSE (Disease or Injury that initiated events resulting in death) LAST												
RTIFIC		DUE TO (OR A	AS A CONSEC	UENCE OF):									
AL CERTIFICATION		d			the underlying	g cause given in	Part i. 24a. W	AS AN AUTOPSY	246	WERE AUTOPSY FINDINGS			
AL	resulting in death) LAST	d			the underlyin	g cause given in	P	AS AN AUTOPSY ERFORMED? YES 2 V NO	24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH			
MEDICAL	resulting in death) LAST	d			the underlying	g cause given in	P	ERFORMED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d.  ns contributing to deat	h but not re	suiting in	26. PL	ACE OF DEATH (C)	1 1 1	ERFORMED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	d	h but not re	sulting in	26. PL	ACE OF DEATH (Cr	neck only one)  6 □ Other (Specific	ERFORMED?  YES 2 NO  NO  YOU  YOU  YOU  YOU  YOU  YOU  YO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:  1) Inpatient 2 ER/C  28e. DATE OF INJUI (Month, Day, Yes	h but not re	DOA 4 26b. TIME C	26. P.I THER: Nursing Hom NF 28c. INJ Y WO	ACE OF DEATH (C) to 5   Residence URY AT RK7 /ES 2   NO	1 1 1	ERFORMED?  YES 2 NO  NO  YOU  YOU  YOU  YOU  YOU  YOU  YO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ED BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:  1) Inpatient 2 ER/C  28e PLACE OF INJUI	Dutpatient 3 (	DOA 4 26b. TIME C	26. P.I THER: Nursing Hom NF 28c. INJ Y WO	ACE OF DEATH (C) to 5   Residence URY AT RK7 /ES 2   NO	neck only one)  6 □ Other (Specific	YES 2 NO  YES 2 NO  YOU INJURY OF	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL:  1\( \) Inpetion 2 = ER/C  26e. PLACE OF INJUI  26e. PLACE OF INJUI	Dutpatient 3 (RY arr)	DOA C 4 26b. TIME C 1 INJUR	26. PL	ACE OF DEATH (C)  • 5   Residence URY AT RK?  YES 2   NO  • e	neck only one)  5 Other (Specili  26d. DE\$CRIBE  261. LOCATION (: City or Town,	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	or or Rural I	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL:  1\( \) Inpatient 2 = ERVC  26e. PLACE OF INJUI  26e. PLACE OF INJUI  building, etc. (S	Dutpatient 3 (RY arr)  URY — At honopolity)  nowledge, dealered end/or in	DOA C 4 26b. TIME C 1 INJUR	26. PL	ACE OF DEATH (C)  • 5   Residence URY AT RK?  YES 2   NO  • e	and the cause(e) er time, date and pla	Y) HOW INJURY OC State)  Individual to to to to to to to to to to to to to	or or Rural I	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be ditermined  2 Accident 5 Could not be ditermined  29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINITY	HOSPITAL:  1\text{1\text{Topestent 2}} ER/C  26e. DATE OF INJUG  26e. PLACE OF INJUG  26e. PL	Dutpatient 3 ( RY  IV)  URY — At hon Specify)  nowledge, dea	DOA 4 26b. TIME 6 INJUR the, ferm, streeth occurred investigation,	26. PL PTHER:   Nursing Hom Nor Str. 1	ACE OF DEATH (CI	and the cause(e) er time, date and pla	Y) HOW INJURY OC State)  Individual to to to to to to to to to to to to to	or or Rural I	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,			

ND 21215-0020

BALTIMORE

>

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF I	MANTEAN	CERTIF	ICATE	OF DEA	TH	IENTAL HYGIE!			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY			3. TIME OF DEATH
	WILLIAM	JENKINS						06 27 93			06:15 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rrs. last birthday)		UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTN (Month, Day, Year)			HPLACE (State or Foreign
	220 - 05 - 5171	1 → M 2 □ F	77 YRS		MONTHS 0	AYS HOURS	MIN.	Oct 20, 1	.915	Vir	‴ginia
~	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN										
P	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNT									COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT					LOCATION				10d. INSIDE CITY	
픕	Maryland Anne Arundel Glen					nie					LIMITS?
AL	10e. STREET AND NUMBER									IZEN OF	WHAT COUNTRY?
FUNERAL	1328 Whitman Dri	ve				210	61			U.	S.A.
2	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1						C ORIGIN? (Specify Ye	s or No-	14. RAC	E — American Indian, ik, White, etc.
ED BY	1 Never Married 2 Merried FUNCES? 1 IF YES, GIVE WAR					YES 2 X NO		n, Puerto Rican, etc.)		Spec	elfv:
	15. DECEDENT'S EDU	I CATION	146	a. DECEDENT'S	LIGHTAL COCK	PATION		I and wines are for			White
	(Specify only highest grade Elementary/Secondary (0-12)	completed)			work done duri	ng most of work	ing	16b. KIND OF BU	SINESS/INI	DUSTRY	
1	Grade 3	College (1-4 or 5 -	· -	łeavy E	auiome	ent Ope	rator	PerCont	ee S	and o	& Gravel
COMPLET	17. FATNER'S NAME (First, Middle, Last)					_		E (First, Middle, Meider		aria .	a oraver
BE 0	unknown					un	knowr	1			
TO B	19e. INFORMANT'S NAME (Type/Print)	N						oute Number, City or Tox			
-	Dorothy L. Jenki	ns /		1328	Whitma	n Driv	e, Gl	en Burnie	, Ma	ryla	nd 21061
	20e. METNOD OF DISPOSITION 1 N Burlet 2 Cremetion 3 Rem	oval from State	20b. PL.	ACE AND DATE	OF DISPOSITION	ON (Name of		OATE 20c. LO	CATION -	•	* * * *
	4 Donation 5 Other (Specify)	CENSEE C	Mea	ny, gemetory or a					rsey,	Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A.										
	23. PART I. Enter the discussed, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,									nd 20707	
	23. PAHT I. Entar the diseases, or shock, or heart railure.	complications tha List only one cau	t caused the	na daath. Do i n iina. /	not enter th	a moda of dy	ring, such	as cardiac or reap	iratory ar	rest,	Approximata
1 1	IMMEDIATE CAUSE (Final										: intarval Between
1 1		11	/	11	to 1	L					intarval Between Onset and Death
	disease or condition resulting in death)	a. Due to	Lust 10R AS A CO	MEDIENCE	to for	be	Car	Can Jun			
7	disease or condition	a. Due to	(OR AS A CO	DNSEOUENCE O	Def.	fir for	(a)	Chan June			
TION	disease or condition resulting in death)  Sequentially list conditions,	a. Ca	and	DNSEOUENCE O	9	hr Si	Car	che pu			
CATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Ca	and	ma	9	br Si	Car	che pu			
TIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	(OR AS A CO	ma	F):	hr Si	Car	chan Jun			
ERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO	(OR AS A CO	ONSEQUENCE O	F):	Si Si	Car	che plan			
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. DUE TO d.	(OR AS A CO	ONSEQUENCE O	F):	AL Sk	Garagivan in P	Cart i. 24a. WAS AN		24b	
A P	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CO	ONSEQUENCE O	F):	Shariying cause	and the control of th	PERFO	RMEO?	24b	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
A P	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CO	ONSEQUENCE O	F):	AL Sk	The Street of th	art i. 24a, WAS AP PERFO	RMEO?	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A CO	ONSEQUENCE O	F):	AL Sk	givan in P	PERFO	RMEO?	24b	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d	(OR AS A CO	ONSEQUENCE O	F):	rlying cause		PERFO	RMEO?	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	b. DUE TO c. DUE TO d	(OR AS A CO (OR AS A CO death but i	ONSEQUENCE O	F):  In the unde  OTHER: 4 \( \text{Nursing} \)	28. PLACE OF I	DEATN (Chec	PERFO	RMEO?	24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN	b. DUE TO c. DUE TO d	(OR AS A CO	ONSEQUENCE O	OTHER: 4   Nursing	28. PLACE OF [ Home 5  R c. INJURY AT WORK?	DEATN (Chec esidence 8	PERFO	RMEO?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Nefural 5 Pending Investigation	b. DUE TO c. DUE TO d  HOSPITAL: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(OR AS A CO (OR AS A CO death but a	ONSEQUENCE OF THE PROPERTY OF	OTHER: OT	28. PLACE OF I	DEATN (Chec	PERFOI  1 YES:  k only one)  Other (Specify)  28d. DESCRIBE NOW	RMEO?	CURED	Oneet and Daath  D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	b. DUE TO c. DUE TO d	(OR AS A CO (OR AS A CO death but a	ONSEQUENCE O	OTHER: OT	28. PLACE OF I	DEATN (Chec	PERFOI  1 YES :  k only one)	NJURY OC	CURED	Oneet and Daath  D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Suicide 8 Could not be determined	b. DUE TO c. DUE TO d	(OR AS A CO (OR AS A CO (OR AS A CO  death but if  ER/Outpatle INJURY ay, Year)  F INJURY — etc. (Specify)	ONSEQUENCE OF THE PROPERTY OF	OTHER: 4   Nursing E OF 28 JURY M 1	28. PLACE OF II Home 5 R II Home 5 R II HOME 5 R II HO	DEATN (Checo	PERFOI  I YES:  Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED  r or Rural i	Oneet and Daath  D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  29 Accident Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	b. DUE TO  c. DUE TO  d	(OR AS A CO (OR AS A CO (OR AS A CO  death but if  BER/Outpatte INJURY ay, Year)  F INJURY— etc. (Specify)	ONSEQUENCE OF THE PROPERTY OF	OTHER: 4   Nursing BE OF 28 FURY M 1	28. PLACE OF II Home 5 R I Home 5 R I WORK? VES 2 Office	DEATN (Checo seldence 8 NO NO NO NO NO NO NO NO NO NO NO NO NO	PERFOI  I YES:  Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State,	NJURY OC	CURED  r or Rural I	Oneet and Daath  D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  29 Accident Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	b. DUE TO c. DUE TO d	(OR AS A CO (OR AS A CO (OR AS A CO  death but if  BER/Outpatte INJURY ay, Year)  F INJURY— etc. (Specify)	ONSEQUENCE OF THE PROPERTY OF	OTHER: 4   Nursing BE OF 28 FURY M 1	28. PLACE OF I	DEATN (Checesidence 8 NO NO NO NO NO NO NO NO NO NO NO NO NO	PERFOI  I YES:  Nonly one)  Other (Specify)  286. DESCRIBE NOW  286. LOCATION (Street City or Town, State)  o the cause(s) and me me, date end place, er	NJURY OC	CURED  r or Rural I	Oneet and Daath  Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	b. DUE TO c. DUE TO d	(OR AS A CO (OR AS A CO (OR AS A CO  death but if  BER/Outpatte INJURY ay, Year)  F INJURY— etc. (Specify)	ONSEQUENCE OF THE PROPERTY OF	OTHER: 4   Nursing BE OF 28 FURY M 1	28. PLACE OF I	DEATN (Checo seldence 8 NO NO NO NO NO NO NO NO NO NO NO NO NO	PERFOI  I YES:  Nonly one)  Other (Specify)  286. DESCRIBE NOW  286. LOCATION (Street City or Town, State)  o the cause(s) and me me, date end place, er	NJURY OC	CURED  r or Rural I	Oneet and Daath  D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	b. DUE TO  c. DUE TO  d	(OR AS A CO (OR AS A CO (OR AS A CO death but is  ER/Outpette INJURY ay, Year)  FINJURY— etc. (Specify)  my knowledge mination an	ONSEQUENCE OF THE PROPERTY OF	OTHER: 4 Nursing EOF 28 FURY M street, factory, ed at the time on, in my opini	28. PLACE OF I	DEATN (Checesidence 8 ) NO ) NO ) , end due to the time state to t	PERFOI  I YES:  Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State, on the cause(s) and meme, date end place, ender	NJURY OC  and Number  and due to 11  29d. DAT	CURED  r or Rural I	Oneet and Daath  Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,

JUN 2 9 '93

32. REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFI	CATE OF DE	ATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	- 10	3. TIME OF DEATH		
		ROBERT	JENKIN	S		6 17	93 YEAR	7:50 pm		
- 3	4. SOCIAL SECURITY NUMBER	/I . I	E (In yrs. last birthday)		DER 24 HRS.	7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign		
	214-34-6098	1 D M 2 D F	57 YRS.	WONTHS DAYS HOUR	8 MIN.	(Month, Day, Year)	36	(1 Minn		
	FACILITY NAME (If not Institution, give	street and number)		96. CITY, TOWN OR LOCA	ATION OF DEA		9c. COUNTY OF	DEATH		
OH	MEMOTIAL HOS	SPITAL AT	EASTON	EAST	ron		TAL	R∩T		
5	RESIDENCE OF DECEDENT						I TVD	DOT		
DIRECTOR	10e. STATE 10b. COUNT	MAIN	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	1000	ACDUI	E	With				1 TYES 2 NO		
FUNERAL	104. STREET AND NUMBER	0100		101. ZIP CO	DDE /	1	10g. CITIZEN O	F WHAT COUNTAY?		
9	8 HUPKING	Place		01	60	/	1 de	S.		
ᆵᅦ	1 Never Married 2 Married	FORCES? 1 YE	IN U.S.AMMED	13. WAS DECENDENT	T OF HISPANI	C ORIGIN? (Specify )	fes or No — 14. RA	CE — American Indian, ack, White, etc.		
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TES 2 D	O Specify:	, Puerto Ricen, atc.)		ocity: D 1 1		
	15. DECEDENT'S EDU	IOITION .	T	1 / 4				DIK		
COMPLETED	(Specify only highest grade	e completed)	(Give kind of we life. Do NOT use	ork done during most of wo	rking	16b. KIND OF B	USINESS/INDUSTRY			
٦ ا	Elementary/Secondary (0-12)	College (1-4 or 5+)	to	chan 111	11-6:					
<u> </u>	17. FATHER'S NAME First, Middle, Last)			STONI UT	11718	2				
	KIISSPIL	JENKIN.	C	18. 16	Z / D	IE (First, Middle, Meide	on Sumame)	Viala		
BE	19. INFORMANT'S NAME (Type/Print)	ODIVATO.		DDRESS (Street and Num.	JUTI	UCITO	J RIVI	11/05		
입	thuling Tent	1000	18 Ho	Old in a num	DI M A	oute Number City or R	State, Zip Code)	1		
	204 METHOD OF DISPOSITION		0b. PLACE AND DATE OF	JUVIC I		E P.U.	CLOK! AN			
	1 Surler 2 Semation 3 Rem	ioval from State	metery, cremetory or oth	er plece)			OCATION — City or	Town, Stata		
	21, GIGHATURE OF FONERAL SERVICE AN		Kichards	22. NAME AND ADD		622 E	72/0/03	a Valle		
	12.11	( Fort.		POB 15 2	911	Jora	Think	1: 50.		
-	xusey y.	Johns		91771	ysa,	vella;	st-sal	is, ma		
	23. PART i. Enter the diseases, or shock, or heart fellure.	complications that cause List only one cause on	ed the death. Do no each line.	t enter the mode of	dying, such	es cerdiec or res	piratory srrest,	Approximate interval Between		
- 1	IMMEDIATE CAUSE (Finsi					h		Onset and Death		
1	disease or condition resulting in death)	· Co	ngasti	ne Re	ant	Raid	we	3		
1		DUE TO (OR AS	A CONSEQUENCE OF)	1		0	0	3		
8	Sequentially list conditions,	b	A CONSEQUENCE OF	carace	my	opal	My	6		
¥	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS	A CONSEQUENCE OF			•	0	Ŕ		
윤	CAUSE (Diseese or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF					-   &		
CERTIFICATION	resulting in death) LAST		,					j 3*		
3		0.								
A	PART II. Other significent condition	is contributing to deeth	but not resulting in	the underlying couse	given in P	art i. 24a. WAS A	N AUTOPSY 2	th. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
		none				1 _ YES		COMPLETION OF CAUSE OF DEATH?		
ME								1 YES 2 NO		
							- 1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF	DEATH (Chec	k only one)				
2	1 VES 2 NO	1 Inpatient 2 ER/Ou		OTHER:      Nureing Home   5	Residence 6	☐ Other (Specify)				
5	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCURED			
À R	1 Naturel 5 Pending 2 Accident Investigation			M 1 TYES 2	□ NO					
	3 Suicide 8 Could not be	28a. PLACE OF INJUF building, atc. (Sp	RY — At home, term, str ecify)	ent, factory, office		28t. LOCATION (Stree City or Town, Stat	t and Number or Rura e)	l Route Number,		
፤		ICIAN: To the best of my kno								
3 Suicide 4 Homicide 5 Could not be determined  28s. Certifier City or Town, State)  28s. Certifier City or Town, State)  28s. Certifier City or Town, State)  28s. Certifier City or Town, State)  28s. Certifier City or Town, State)  28s. Certifier City or Town, State)  28s. Certifier City or Town, State)										
2 2	296. SIGNATURE AND TITLE OF CERTIFIE			29c. Li	ICENSE NUMB	DER	29d, DATE SIGNE	D (Month, Day, Year)		
2	Robert W.	Trever			109	38		18-93		
-										
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	PEATH (ITEM 27) (Type, F							
	30. NAME AND ADDRESS OF PERSON WH				n. A	Vd. 210	001			
	the state of the s		eway		n, M	Vd. 21C	001			

Internet by the hospital or attending physician. Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

fied at once.

BALTIMORE MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinant

BALTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending process and companies and process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and an advantage process and advantage	is medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be accounted within the comment of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending process and comparing med. In the field within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to build; commission as removed.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the metric araniner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	SIAIE UT I		ICATE OF	HEALIH AN	D WENIA	AL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF DEATH	
	Elinor Jacks	on				MON			PRABY	8:05 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER I YEAR	IF UNDER 24 HF	s. 7. DATE	E OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	316-12-8865	1 □ M 2 🙀 F	81 YRS.	MONTHS DAVE	HOURS MI		16 – 11		Country		
	Se. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TOWN	WIN OR LOCATION OF DEATH 9c. COUNTY OF					Ohio EATH	
OR	Fairhaven		Cuko	sville			0		,		
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT		1000					Lar	rol		
DIRECTOR				TY, TOWN OR LOC	_	. ـ الأحجاجا				10d, INSIDE CITY LIMITS?	
	Maryland 6	arford	Sykesy	116	berde	en			1 TYES 2 NO		
RA	7200 Third Ave	3706	Churchyille		101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	T	IT EVER IN U.S. ARMED		21784 CENDENT OF HIS			-	S.		
	1 Never Married 2 Married	pecify Cuban, Me	xican, Puerto	Rican, etc.)	OF NO.	Black	— American Indian, White, etc.				
B	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☐ NO Specify: Specify:									White	
ED	16. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										
	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.]  [Give kind of working life. Do NOT use retired.]										
COMPLET	12 3 yrs Special Ed. Assistant Special Ed. School										
8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE	Charles E. Heberhart Mabel Delia Alexander										
0	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code)										
	Fairhaven Jeffery T. Jackson 136 Bush Chapel Road, Aberdeen, MD 21001										
	20a. METHOD OF DISPOSITION  t  ↑  Burlal 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE AND DATE cemetery, crematory or constant and series and series are series.			OA'		CATION - C			
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	_   Spesutia		TY AND ADDRESS OF	7/9	Peri	yman,	, Mai	cyland	
	NH O	The L			ng-Carg		eral Ho	me. E	P.A.		
	23. PART I. Enter the diseases, or	di Dia	vanni	Aberd	een, Ma	ryland	3 2100	1 - 339	99		
CERTIFICATION	ahock, of heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  is Chumic cardiomyapathy  DUE TO (OR AS A CONSEQUENCE OF):  is Chumic cardiomyapathy  poe To (OR AS A CONSEQUENCE OF):  is Chumic cardiomyapathy  poe To (OR AS A CONSEQUENCE OF):  cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Sideroblastic can emia  2 - each										
		d. 3100	100000110	une	mia					2 years	
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	a contributing to	death but not resulting	in the underlyl	ng cause given	In Part I.	24a, WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF OEATH	(Check only o	ne)				
ž I	t YES 2 NO	HOSPITAL:	ER/Outpetlent 3 DOA	OTHER: 4 A Nursing Ho	me 5 🗆 Realden	ce 6 🗆 Oth	er (Specify)				
É	27. MANNER OF DEATH	28a. DATE OF (Month, D.		E OF 28c. IN	JURY AT ORK?	7	SCRIBE HOW II	JURY OCCU	URED		
BY	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J, 1007		YES 2 NO						
	3 Suicide 8 Could not be determined	28a. PLACE O building,	F INJURY — At home, farm, etc. (Specify)	street, factory, offi	ca	28f. LOC City	CATION (Street a or Town, State)	nd Number o	or Rural Ro	oute Number,	
COMPLETED			my knowledge, death occurr xamination end/or investigation							and manner as stated,	
	29b. SIGNATURE AND TITLE OF CERTIFIER		. 01.		29c. LICENSE					Month, Day, Year)	
BE	Richmond Allan	an	1. W. 1	MD	034	406	9	17	13	193	
2	30. NAME AND ADDRESS OF PERSON WH				D 21	784					
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	1 10.		109					
	JUL 06'93	Julia Davis	Elder Sbur R's signature Ason Andre								

TIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and with the hospital to a retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the managed page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
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J MB	IS be	ept.	23 8
E S	rte h	ate D	E
IAN:	rtifica	ne St	0r 18
1VSIC	is ce	į	ed.
G P	ter th	ath w	nark
NON	R: Aft	or de	69
AFE	000	s afte	1 28
98	DIR	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remunal	Her
PITAL	RAL	22	=======================================
HOSE	FUNE	withi	TAM
표	THE	Fled	20R
2	2	20	Ē

	REGISTRAR		CERT	IFIC	ATE OF	DEATH	REC	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA		YEAR	3. TIME OF DEATH	
	SAMUEL JOHNSON						JUNE 2	9. 1991	3	9.55A M	
	4. SOCIAL SECURITY NUMBER 222–10–3168	5. SEX 6. /	AGE (In yrs. last birthe	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, ) 2/4/	rh bar) 23	Count	HPLACE (State or Foreign by)  aware	
- 7	9a. FACILITY NAME (If not institution, give str	eet and number)		9b.	96. CITY, TOWN OR LOCATION OF DEA		EATH 9c. CO		JNTY OF E		
DIRECTOR	Perry Point V.A.	M.C.			Perry	Point	Cecil				
E	10s. STATE 10b. COUNTY		10c.	CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
	Maryland Ha	arford		Ab	erdeen					1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 463 Elmhurst Stre	æt			101	ZIP CODE 21001	-	10g. Ci	U.S	WHAT COUNTRY?	
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF				13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Spec	the Vee or No		E — American Indian.	
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES 2 1 F YES GIVE WAR OR DATES			If yes, spi	city Cuban, Mexica 2X NO Specifi	n, Puerto Rican, e	ic.)	Spec	k, White, etc.	
	15, DECEDENT'S EDUC	ATION	16a. DECEDE	IT'S USU	AL OCCUPATIO	N	16b, KIND (	OF BUSINESS/IN		acr	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind	d of work OT use ret	done during mod lived.)	st of working	111111111111111111111111111111111111111				
릴	12	0	Chef				Res	stauran	t		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)										
BEC	Charles Johnson					Mar	y Haywai	rd			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADE	ORESS (Street a	nd Number or Rural I			ip Code)		
임	Mrs. Mildred R. Johnson 463 Elmhurst Street									land 21001	
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of						DATE 20c. LOCATION — City or Town, State				
	4 Donation 5 Other (Specify)	val from State	Mt. Call	or other p	Metho	dist	7/6	Aherde	on l	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22. NAME AN	D ADDRESS OF FA	CILITY				
	Man 10 0	· U	4		Tarri	ng-Cargo	-Funera	L Home,	, P.	A.	
	23. PMIT L Enter the diseases, or co	amplications that co		20, 001		een, Mar		<u>21001–3</u>	399		
	IMMEDIATE CAUSE (Final disease or condition	ist only dna cause (	on each line.				ir as cardiec or	respiratory a	1001,	Approximate Interval Between Onset and Death	
	a. RIGHT SIDED HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):										
z	S										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
ঠ	Cause. Enter UNDERLYING CAUSE (Disease or Injury										
늗	that initiated events	DUE TO (OR	AS A CONSEQUENC	E OF):							
E E	resulting in death) LAST										
	PART il. Other significant conditions	contributing to dea	th but not result	na in th	a underlying	cause given in	Part I. 24s. W	AS AN AUTOPSY	/ 241	. WERE AUTOPSY FINDINGS	
DICAL							P	ERFORMED?	1."	AMILABLE PRIOR TO COMPLETION OF CAUSE	
							_   ' <sup>-</sup> '	ES 2 NO		OF DEATH?	
Σ				_						1 TES 2 NO	
A N	25. WAS CASE REFERRED 20 MEDICAL				00 DV	ACE OF BEATH OF					
ᅙ		HOSPITAL:			HER:	ACE OF DEATH (Ch					
PHYSICIAN: ME	27. MANNER OF DEATH	1 2 Inpatient 2 ER/		TIME OF		5 Residence	6 U Other (Specification of Control of Contr		CHRED		
_	1 Netural 5 Pending	(Month, Day, Ye	ear)	INJURY	WO		zou. DESCRIBE	now insurt oc	COMED		
à	2 Accident Investigation 3 Suicide & Could not be	26s, PLACE OF IN.	JURY — At home, la	rm street		23 2 1 110	26f. LOCATION (	Dhad and Mush	a as Owned	Davie Market	
	4 Homicide 6 Could not be	building, etc.	(Specify)	,	.,,		City or Town,	State)	W OF FIDER!	House Namber,	
	29a. CERTIFIER				e 15 5 500		Contract of the	<del>.</del>			
COMPLETE		IAN: To the best of my l									
양세		. On the basis of aximin	nation and/or investi	gation, in	my opinion, de	ath occured at the	time, data and pla	ca, and due to t	he cause(	s) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	IBER	29d. DA	TE SIGNED	(Month, Day, Year)	
2	Unta )	MM				D43108	3				
	30. NAME AND ADDRESS OF PERSON WHO										
1	USHA SAINI M.D.,	VAMC PERRY	Y POINT N	1D 2	1902						
	JUL 06 93  32. REGISTRAN'S SIGNATURE  Sura Davidson-Randall										

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DIVISION OF VITAL RECORDS, P.O. BOX 68740

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TO THE HOSPITAL OR ATTENDING PHYSICIAM. The law requires that the death certificate be executed from countries that the death certificate and executed from countries that the death of attending physician.	TO THE FUNERAL DIRECTOR: After this centricate has been signed by the attending physician and company fine for the human director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Montal Highest prior to burial, cremitation or named.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If Item 28 is

BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

9	3-009 3-145 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMEN'	OF H	IEALTH DEAT	AND I		REG. NO.		93	20	
	1. DECEDENT'S NAME (First, Middle, Last)									F DEATH DA		YEAR 993	3. TIME OF E	EATH A M
	GARY KIRBY  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH 8			8. BJRTI	IPLACE (State	A m
	212 11 3560	1 🖳 M 2 🗆 F	24	YRS.	MONTHS	DAYS	HOURS	MIN.	Apri	Day, Year)	1969	Mar	yland	
~	9a. FACILITY NAME (If not institution, give atm	eet and number)			96. CITY, TOWN OR LOCATION OF DEA				EATH			NTY OF D		
ē	MACKALL ROAD			10-100	St	. Le	onar	d			CA	LVE	RT	1.05
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE	CITY
٥	Maryland Calve	ert		St	. Le								1 TYES 2	
FUNERAL						101	ZIP COD						WHAT COUNTR	٧?
¥	6805 Mackall Road	12. WAS DECEDER	IT EVER IN U.S. AF	RMED	13.	WAS DEC	2068		NIC ORIGIN?	(Specify Ves		SA 14 BACI	E _ American	Indian
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 AMAR OR DATES	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? If yea, specify Cuben, Maxican, Puerto Ric 1 ☐ YES 2 ☑ NO Specify:								E — American k, White, atc. Wywhite	
E COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  1 2  16. DECEDEN (Ghe kind (Ghe					during mo	st of worldi	ng	Ba1		e Ga	s an	d Elec	tric
	17. FATHER'S NAME (First, Middle, Last)	mina	гу м	ecna		HER'S NA	ME (First, Mi	.G. a						
EC	Charles Norman Kir	by					Ma	ry F	rance	s Bow	en			
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRES	S (Street a	and Number	or Rural I	Route Numbe	; City or Tow	n, State, Zip	Code)		
TO BE	Charles N. Kirby						#10			1			e con	
	1 Surial 2 Cremation 3 Remo	val from State	20b. PLACE cemetery, cre Water	ematory or o	of DISPOS	SITION (Na	me of V. Can	7/	7/93TE	20c. LO	T.OOT		wn, State Maryla	and
	21. SIONATURE OF FUNERAL SERVICE LICE	D MC	22.	NAME A	D ADDRE	SS OF FA	CILITY R	ausch				IIIG		
	→ BKaus		44	105	Broom	nes :	Is. R	d. Po:	rt Re	publ	lic Man	ryland		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  MULTIPLE INJURIES  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other significant conditions	contributing to	death but not	resulting	In the u	ndsrlyin	g cause	given in		PERFOR	MED?	246	AMILABLE PP COMPLETION OF DEATH?	OF CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	m.			eck only one)					
KSI	1 N YES 2 NO	1 Inpatient 2	☐ ER/Outpatient 3		4 🗆 Nu	raing Horr		sidence	8 🖔 Other					
	27. MANNER OF DEATH  1 Netural 5 Pending		FINJURY Day, Year) -1993		OAM	28c. INJ W0	PRK?	χno	OCCU	PANT	I N		IMPAC O/TRE	
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY At he					₹1	28f. LOCAT	ION (Street			Route Number,	<u> </u>
TED BY PHYSICIAN:	4 Homicide determined	bunding	, etc. (Specify)	OADW	AY	9				(ALL	RD/	CAL	VERT	CO, MD
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC (Check only one) 2 MEDICAL EXAMINES										ner se sta	ted.		
	2 MEDICAL EXAMINER  20b. 9/GNATURE AND TITLE OF CERTIFIER	A		vestigati	on, mimy	ориноп, с		ENSE NUI		nu piece, en				
	THE OF CERTIFIER	- U	ALIC	1		113	SAC' FIC	ENSE NUI	MOEN		29d. DAT	E SIGNEC	(Month, Day, 1	oar)
TO BE	()/ Olin	UL		1			0	C.M	F			7-0	3-199	3

07-03-1993

E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Pens Penn Street, Baltimore, Maryland

31. DATE FILED (Month, Day, Year) JUL - 7 1993

putti or attending physician.	chearter use as the burial-transit permit. Pages 1, 2, 3 should		ei ei
E	detac	)	once
w requires that the death certificate be executed within 24 hours after death, Page 6 may be retaine by	been signed by the attending physician and completely filled in by the funeral director, page 5 should	pt. of Health and Mental Hygiene prior to burial, cremation, or removal.	3 shows any Injury, or other traumatic event, the medical examiner must be notified at

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain to retain the law requires that the death of the attending physician and completely filled in by the funeral director, page 5 show the death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic events the contract.

	REGISTRAR		CERTIF	CATE O	F DEATH	RI	EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DAY	YEAR	3. TIME OF DEATH		
	GUSTAVE A.	KNIERIE				JUNE	27, 199	3		Рм	
	4. SOCIAL SECURITY NUMBER 215-44-9094	1 🖾 M 2 🗆 F	(In yrs. last birthday) 47 yrs.	MONTHS DAY		7. DATE OF B	1946	s. BIRT Coun MD	HPLACE (State or Foreig try)	lgn .	
_	9s. FACILITY NAME (If not institution, give str			96. CITY, TOWN OR LOCATION OF DEATH			9c. CO	UNTY OF	DEATH	-	
DIRECTOR	Memorial Hospit	al		CUMBER	LAND		AL	LEGAN	NY .		
EC	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY		
DIR	MD All	.egany		umberla						0	
AL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WH				
ÉR	502 Franklin St	reet		21502			USA				
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexices ES 2 NO Specify	. Puerto Rican.	ecify Yes or No— , etc.)	Blac	E — American Indian, ck, Whits, etc. city: white		
ED	15. DECEDENT'S EDUCATION 164. DECEDENT'S USUAL OCCUPATION 165. KIND OF BUSINESS MADUETRY									_	
LET	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)									
COMPLETED	unknown	employ	ea		marketi	ng					
	17. FATHER'S NAME (First, Middle, Last)  Ralph A. Knieriem  18. MOTHER'S NAME (First, Middle, Maiden Surname) Farol M. Stevens										
BE	19s. INFORMANT'S NAME (Type/Print)										
5	Mrs. Farol M. K	nierieum	Svlva	in Aven	ue Cumber or Rural F	land. N	MD 21502	(ip Code)			
	Mrs. Farol M. Knierieum  Sylvan Avenue Cumberland, MD 21502  20s. METHOD OF DISPOSITION  1										
	21. SIGNATURE OF FUNERAL SERVICE LICE		1	22. NAME	AND ADDRESS OF FAC	HLITY			- 37		
	· Janes 7	VC-CON	oell	Sc	arpelli Fi mberland,	uneral MD 215	502				
	23. PART / Entar tha diseasea, or co ahock, or haart fallure. L	omplications that cause	tha dasth. Do n	ot enter tha r	node of dying, such	an cardiac	or respiratory a	rrest,	Approximata Interval Betw		
	IMMEDIATE CAUSE (Final disease or condition	C		+	20	0			Onset and D		
	disease or condition a. Due to (or as a consequence of):								10-24	any	
		DUE TO (OR AS A	CONSEQUENCE OF	): 0							
CERTIFICATION	Sequentially list conditions, ff any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
\ <u>A</u>	cause. Entar UNDERLYING										
Ĕ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
EH	resulting in death) LAST										
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I, 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
MEDICAL							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS		
Æ						_   ' _	TES ZY NO		OF DEATH?		
ž						_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Che	ck only one)					
YSI	1 TES 2 NO	t Inpatient 2 K ER/Outp		OTHER: 4   Nursing H	ome 5 - Residence	B 🗆 Other (Spe	cify)				
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJL	JRY	NJURY AT YORK? YES 2 NO	28d. DESCRIB	E HOW INJURY O	CCURED			
COMPLETED	3 Suicide a Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, at	ireet, factory, of	lice	28f. LOCATION City or Tow	(Street and Numbern, State)	er or Rural	Route Number,		
PLE	298. CERTIFIER Check only	IAN: To the best of my know	ledgs, death occurre	d at the time, di	its and place, end dus	to the cause(s)	and manner as at	ated.			
MO		On the besis of exemination							s) and manner as state	ed.	
E C	29b. SHOUTURE AND TITLE OF CENTIFIER	4			29c. LICENSE NUM				Moven, Day Wast	$\dashv$	
00	An Du	x MO			10125	37	<b>&gt;</b>	61	20/92		
2	30. NAME AND ADDRESS OF PERSON WHO							4/	-0//)		
	WAYNE C. SPIGGLE,				ERLAND, MD	21502					
	31. DATE FILED (NORTH, Day Year) 1993	32 STRAR'S SIGN	ATURE								

93 20758

FOR

ITEMS: 23 PART I, 27, PER MEO G-702 8/18/93 t.t ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-720 2/6/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI

	1 - STATE REGISTRAR	OTAL OF I	C			OF DEATH	MICH	REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)						2. D/	TE OF DEATH		3	. TIME OF DEATH
	ZELI	E	J.		KINC	3	MO	06 1		993	10:40 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 Y		. 7. DA	TE OF BIRTH	Ī	8. BIRTHPL	ACE (State or Foreign
	220-86-2514	DOM 2 □ F	24	YRS.	MONTHS D	AYS HOURS MIN.	10	onth, Day, Year) /23/19	68	Mary	land
	Se. FACILITY NAME (If not inetitution, give	street and number)			9b. CITY, TO	WN OR LOCATION OF		723713		NTY OF DEA	
OR	LAUREL HOSPIT	'AL			LAU	JREL			PRI	NCE	GEORGE
ត្ត	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Υ		L 10c CIT	V TOWN OR I	OCATION					
<u> </u>		ce Geore	291	10c. CITY, TOWN OR LOCATION Laurel							Dd. INSIDE CITY LIMITS?
_	10e. STREET AND NUMBER	0001	300	1 Bac	.101	101, ZIP CODE			Man CITY		TYES 2 NO
FUNERAL DIRECTOR	14016 Williamson Avenue					20707			-	S.A.	KI COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS	DECENDENT OF HISP	PANIC ORI	GIN? (Specify Yee	or No-		- American Indian,
BY	XXNever Merried 2 Merried  3 Widowed 4 Divorced	FORCES? 1		,NO	1 🗆	s, specify Cuben, Mexi YES 2 1 NO Spe	ican, Puer cify:	to Rican, etc.)		Specify:	Vhite, etc.
ED	15. DECEDENT'S EDU	[CATION	10.0								Black
ETE	(Specify only highest grade	completed)	- S	Give kind of a B. Do NOT us	USUAL OCCU work done during to retired.)	PATION og most of working		16b. KIND OF BUS	iiness/ind	USTRY	i
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Construction				Private			
COMPL	17. FATHER'S NAME (First, Middle, Lest)						NAME (Ele	t, Middle, Maiden			
C	Zelie King					Lucy			Surrenne)		
0	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	reet and Number or Run	_		n, State, Zip	Code)	
۲	Lucy Watts					1065/Cho					7817
	20e. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPOSITION (Name of						CATION —	City or Town	, State	
	4 Donation 5 Other (Specify)		Harm	ematory or o	Cemet	cery 6/	25/	93 La	ndov	er,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY J. B. Jenkins Funeral 7474 Landover Road Home										
	Juawa	nas	Dia	NAD		ndover,		20785			ноше
	23. PART I. Entar the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. CARDIAC	e on asch lin	e. IA AN	ID POSIT	IONAL ASPHY					Approximata Interval Between Onset and Death
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
- 11	PART II. Other significent condition	ns contributing to d	leeth but not	resulting I	n the under	lying ceuse given i	in Part I.	24a, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
N: MEDICAL								PEAFOR 1 YES 2		AN CC OF	MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE OF DEATH (	Check only	one)			
ñ	NYES 2 □ NO	HOSPITAL:	ER/Outpatient 3	X DOA	OTHER:	Home 5 - Residence	6 0	ther (Specify)			
5	27. MANNER OF DEATH	28e. DATE OF I (Month, Day	NJURY (, Year)	26b. TIM	E OF 260 URY	INJURY AT WORK?	26d. D	ESCRIBE HOW IN	JURY OCC	CURED	
	2 Accident Investigation	6/18/93		10:14		YES ZXX NO	RES	TRAINED I	N PROM	NE POSI	TION
3	3 Suicide 8) Could not be determined	26e. PLACE OF building, a	INJURY — At he tc. (Specify)				G	OCATION (Street e	14828	or Rural Rout BALTIM	ORE AVE.
MPLEIEU	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the heat of -			NTRE MA		LAUF				
	(Check only one)  2 MEDICAL EXAMINE										nd menner se stated.
	296 DIGNATURE AND TITLE OF CONTIFIES					29c. LICENSE N					onth, Day, Year)
	Mellet me	There			<u> HIN</u>	0.C.	М.Е		▶ 0	6-19	-1993
-	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE									
	MISHIBLAD P.	KUKBU		11 I	enn	Street,	Bal	timore	, Ma	aryla	nd 2120
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	4 .								
	JUN 2 4 1993	in it wait door	-Pandall								

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be compared to the burial-transit permit. within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat by more TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical be filed within 72 hours after death with the State Dept. of Heath and Mental Hygieke presents.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other trau

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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ay the nosp	be detached		at once.	
De regulad	Should South		o notified	
THE HOSPITAL OR ALLENDING PHYSICIAN; THE ISW FEQUIPES THAT THE DESTRICTED BE EXECUTED WITHIN SECURITY OF THE PROSP	MI THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction and completely filled in by the funeral direction and completely filled in by the funeral direction and completely filled in by the funeral direction and completely filled in by the funeral direction and completely filled in the funeral direction and completel	, or removal.	iMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
ertilicate be executed within	ng physician and completely fil	Ited within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, the	
w requires mar the neath co	been signed by the attendi	of Health and Mental Hy	3 shows any injury, or	
ENDING PHYSICIAN: The lay	JR: After this certificate has	ter death with the State Dep	3 is marked, or item 23	
THE HOSPITAL OR ALL	THE FUNERAL DIRECTO	be filed within 72 hours aft	IMPORTANT: It item 28	
,	1	7	\	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN	E 9	3 20/5				
	1. DECEDENT'S NAME (First, Middle, Last)	1	1/1	1		2. DATE OF DEATH	V - VEAD	3. TIME OF DEATH				
	Grace	Irene	Kell	211		6-16 DA	- 23 AR	1100 "				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State of Foreign				
	185-03-6007	1 □ M 2 X F	78 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4-8-15	Pe	nnsylvania				
	9a. FACILITY NAME (If not institution, give s	reet and number)		9b. CITY, TOWN	9c, COUNTY OF							
S S	3605 Portal Ave	nue		Ten	Prince	George's						
ច្ឆ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	1	10c. CIT	Y, TOWN OR LOC		10d INSIDE CITY						
DIRECTOR	Maryland Pri	nce George's		Temp1		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
	10e. STREET AND NUMBER	nee ocorge c	2		of, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
E I	3605 Portal Aven	116			20748		IJ	SA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I				IC ORIGIN? (Specify Yea		CE — American Indian, ack, White, etc.				
	1 Never Married 2 Married	FORCES? 1 YES			specify Cuben, Maxicas S 2 🔯 NO Specify			eck, White, etc.				
В	3 Wildowed 4 Divorced				Ti.			White				
띮	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done during		16b. KIND OF BUS	INESS/INDUSTRY					
Ë	Elementery/Secondary (0-12)	College (1-4 or 5+)	filte. Do NOT u	se retired.)								
COMPLET	12th		L House	wife			lome					
	17. FATHER'S NAME (First, Middle, Last)	Dbd-				ME (First, Middle, Meiden Sarah Ann						
8	W I I I I  19a. INFORMANT'S NAME (Type/Print)	am Rhoads	405 14411 (016	ADDRESS (See		Poute Number, City or Town						
2	Lenore K. Cappel	1.0				t Annandal		22003				
					cemetery, crematory or		CATION — City or					
	20s METHOD OF DISPOSITION  1XXSuriet 2 Cremetton 3 Rem  4 Donation 5 Other (Specify)	oval from State	other place)					ennsylvania				
-	21. SIGNATURE OF FUNERAL SERVICE LIC		oraver m					Cimbyivania				
	· Muth. Vila	2				s Funeral						
_	- MINI MACE	2				Rd. Oxon						
	23. PART I. Enter the diseasea, or ahock, or heart failure.	List only one ceuse on a		not enter tha r	noda or dying, auc	n aa cardiac or reapi	retory arrest,	Approximate Interval Between Onaet and Death				
	disease or condition											
	resulting in daeth)		A CONSEQUENCE O		col wo	ar our	reac					
_	_							į į				
0	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C.										
Ĕ	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):								
CERTIFICATION	reaulting in daeth) LAST	d										
	PART II. Other algnificent condition	ne contributing to death	but not resulting	in the underly	ing cause given in	Pert I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS				
CAL						PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE				
品	<u> </u>					1 YES 2	MINO	OF DEATH? 1 ☐ YES 2 ☐ NO				
Σ						-		I TES 2 NO				
PHYSICIAN: MEDI	25. WAS CASE IMPERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)						
S	EXAMBLER?	HOSPITAL: 1   Inpetient 2   ER/Out	tpetient 3 🗆 DOA	OTHER:	ome 5 X Residence	6 Other (Specify)						
Ŧ	27. MANNES OF DEATH	28s. DATE OF INJURY (Month, Day, Next)		ME OF 26c.	NJURY AT	28d. DEŞCRIBE HOW I	NJURY OCCURED					
ВУР	1 Hatural S Pending 2 Accident Investigation	(More), Lab. (May)			YES 2 NO							
	3 Suicide 8 Could not be	26s. PLACE OF INJUR building, atc. (Spi	Y — At home, farm,	street, factory, o	fice	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,				
E	4 Homicide determined					ony or rown, onaro,						
PE	25s. CERTIFIER   CERTIFYING PHYS	ICIAN: To the best of my know	wiedge, death occur	red at the time, d	ate and place, and due	to the cause(a) and mar	nner as stated.					
2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menne												
										Hugusa Hoursex MM D 1/230 6-16-93		
5	30 MAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	EATH (ITEM 27) (Typ	e, Print)	)	1111	^ ^1	1				
	Huaus to PRO	chi quest	MD, 57	109K	ay Trum	Ct.(10)	M. In	11000				
	31. DATE FILED (Month, Day, Year)	32. AEGISTRARS SIG		0 100	1	1	1	17				
	JUN 2 1	1983 India	Davidson-1	janded		<i>V</i>						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely "led in by "is funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, provincial.	nt, the medical examiner must be notified at once.
ON OF VITAL RECORDS, P.O. BOX 6876	JING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fied in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, commonoal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: /	IMPORTANT: If Hem 28 is

_	FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICATE				REG. NO.	E		20760	
	JOSHUA T	AK. KII	A Joshi NG	ıa R	eid			2. DATE	OF DEATH	.2	CEAD	B:59pm M	
	4. SOCIAL SECURITY NUMBER 213-19-9082	5. SEX 1 2 M 2 F	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER 1		UNDER 24 HRS. DURS MIN.		OF BIRTH th, Day, Year)		Country)	ACE (State or Foreign	
	Be. FACILITY NAME (If not institution, give	street and number)			12/16/76 Wash., D.C.								
TOR	PRINCE GEORGE	S HOSPI	ral		CHEVERLY PRINCE GEORGE								
DIRECTOR	10a. STATE 10b. COUNT	ince Geo	orge's		TY, TOWN OR LOCATION Seat Pleasant						10d. INSIDE CITY LIMITS?		
	10e, STREET AND NUMBER					107 715	CODE			100 CITIZE		AT COUNTRY?	
FUNERAL	309 69th Pl						20743			-	S.A		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 24	2-NO If yes, specify Cuban, Mexican						or No — 1	I. RACE - Black, 1 Specify:	- American Indian, White, stc. Black	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	JCATION le completed)	(G	ive kind of	USUAL OCC		working	168	. KIND OF BUS	SINESS/INDU	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	·)	stud	,				Sch	0001			
NO.	17. FATHER'S NAME (First, Middle, Last)			cua	CITC	16	, MOTHER'S NA	ME (First					
U U	Christopher	Reid							King				
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRESS (	Street and h	lumber or Rural				ode)		
2	Rita L. Reid		5	Same	as	# 10	above	е					
-5	20g METHOD OF DISPOSITION  1 A Burial 2 Cremation 3 Rer  4 Donation 5 Other (Specify)	noval from State	20b. PLACE cemetery, cre Harn	AND DATE	or disposit	Par		28/9	20c. Lo.	CATION — CI			
	21. SIGNATURE OF FUNERAL SERVICE L	w. R	iatr		I	H.S. 4925	Washii Burr	ngto ough	n & S s Ave	ons,	Inc.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, enterval Between IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. GUNSHOT WOWD OF HEAP, COWAT  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  b. DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFIC	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE O	F):								
2	PART ii. Other aignificant condition	na contributing to	deeth but not	reguiting	in the und	eriving cu	use alven in	Part I	24. WAS AN	AHTTOREV	1 24h W	/ERE AUTOPSY FINDINGS	
4: MEDICA									PERFOR	MED?	o o	MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?  YES 2 \( \subsection \) NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		OF DEATH (Ch		100				
1×S	1 TYPES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		-			Residence	_		HIEN OCCU	neo.		
BY PI	O (Month) Son 1997 Year 993 INJURY WORK?									r shc			
ETED B	3 Suicide a Could not be detarmined	28a. PLACE O building,	F INJURY — At he etc. (Specify)		STR			City	ATION (Street of Town, State)	nd Number or 69 TH	M0 50	LACE	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of ER: On the besis of a										and manner as stated.	
BE	296 SIGNATURE AND TITLE OF CERTIFIE	2	Ch.	1	N		c. LICENSE NU	MBER		29d. DATE S	SIGNED (A	Aonth, Day, Year) 3 – 1993	
2		O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	Print)	7.2	O.C.M						
	MARIO = GOL	WIRN	M ) 11	⊥ P∈	enn S	tree	et, Ba	ilt1	more,	mary	Tan	d 21201	

111
32. REGISTRAP'S SIGNATURE
JUNA DAVIDSON



filed at once.

	1 - FOR STATE REGISTRAR	STATE OF MA					IEALTH DEAT		MENTAL	HYGIEN REG. NO		93	20761	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C				3. TIME OF DEATH	
	Maureen Ar	nne		Kel	lev				0.6	1	9 19	YEAR Q 3	3:47 Aw	
		5. SEX	B. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	E BIRTH		8. BIRTI	IPLACE (State or Formion	
	076-58-7648  9a. FACILITY NAME (If not institution, give stre	1 🗆 M 2 💢 🗶	17	YRS.	MONTHS	DAYS	HOURS	MIN,		23,1	975	Engl	and	
œ							R LOCATI				9c. COU	NTY OF D	EATH	
DIRECTOR	University Ho	ospital	S.T.U	J .	Bá	alti	mor	e C:	ity					
뿐	Manual and Design				Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY	
	Maryland Princ	e George	S S	BC	wie								1 XYES 2 NO	
FUNERAL	12421 Sandal Lane					101	207	_					States	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	S. ARMED 13. WAS DECENDENT OF HISPAN					IIC ORIGIN?	(Specify Yes	or No-	14. RACE	- American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES ZALXIN RORDATES	10		If yes, spe 1 🔲 YES	242 NO	n, Maxica Specify	can, Puerto Rican, etc.)			Speci	t, White, atc.	
											asian			
TE	15. DECEDENT'S EDUCA (Specify only highest grade co	impleted)	16a. DEC	Ve kind of a	Work done	CCUPATIO	ON st of workin	g	16b. I	KIND OF BU	SINESS/INC	DUSTRY		
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  12  (Give kind of work done during most of working life. Do NOT use retired.)  Student  School													
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)			
BE (	John Michael Kelly	,					M	lary	Eliza	abeth	Amen	nt	2	
2	19a. INFORMANT'S NAME (Type/Print)		198					or Rural F	Route Numbe	r, City or Tow	n, State, Zip	Code)		
	Mary E. Kelly			Same	as	# 10	)							
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Removal from Stale  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of camelony or other place)  Competency crematory or other place  Competency crematory or													
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	1000	Sacre	ea He					- 1	_		-	nd	
	D1 + E	2	$\mathcal{T}$		22B	eall	-Eva	ns I	unera	al Hor	ne,P.	Α.		
	Robert C.	Chans	M	2						d. Boy			715	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition a. Due to (or as a consequence or):													
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
F	resulting in death) LAST													
	PART II Other elections and disease													
S	PART II. Other algnificent conditions	contributing to de	seth but not re	eaulting i	in tha un	derlying	causa g	ivan in i	Part I. 2	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
									YES 2	□ NO		OF DEATH?		
Σ					_				-				1 TES 2 NO	
NA.	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH /Che	ick only one)					
Sic	EXAMINER?  1 YES 2 NO 1	OSPITAL: Y	R/Outpatient 3	DOA	OTHER 4 Num	t:			6 Other	(Specify)				
美	27. MANNER OF DEATH	26a. DATE OF IN	JURY	28b. TIM	E OF	28c. INJU	JRY AT			RIBE HOW II	NJURY OCC	CURED		
BY PHYSICIAN: MEDICA	1 Netural 5 Pending 2 Accident Investigation	06/18	1993	11	32	1 U Y		KNO	Pass	senge	er i	n Au	ito/Tree	
	3 Suicide 6 Could not be	26a. PLACE OF I	NJURY — At hon						28I, LOCAT	ION (Street a	nd Number	or Rural R	oute Number,	
ETE	4 Homicide determined			Road	dsid	e			520	Bro	ock 1	Ridg	e Road	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of m	y knowledge, dea	th occurre	od at the H	me, data	and placa,	and due	to the cause	e(s) and man	ner as stat	ed.		
	29b. CONATURE AND TITLE OF CERTIFIER				, niy 0					w hacg' gu				
H	Weller Me	hele	3			1	29c. LICE	. C . M			29d, DATE	E SIGNED (Month, Day, Year) 06/19/1993		
2	30, NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE	OF DEATH (ITEM	27) (Tvon	Print)		0.	. C . IV	1. С.			00/	19/1993	
	HOMBERD D. 1	WROUL	49111	Peni	n St	ree	t, I	Balt	imor	ce, M	lary.	land	21201	
	31. DATE FILES MONTH DON YOUR 993	32. HEGISTRAD	Mason-A	indelle										

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detached for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. BALTINORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours in charm one 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunion functor, page 5 should be filled within 72 hours after death with the State Deat, of Health and Mental Hunians notes that is remarked to removed.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
6 шау	director, pa	er must l
K death, 8	The Tumeral	I examin
4 hours	filled in the	e medica
ted within 2	completely	event, th
e be execu	sician and or	traumatic
th certificat	ending phy	or other
hat the dear	by the att	ny Injury,
requires tl	of Health	shows a
N: The law	State Dent	Item 23
G PHYSICIA	er this certi	narked, or
ATTENDIN	RECTOR: After	n 28 ls n
SPITAL DR	INERAL DIF	NT: If Ite
TO THE HO	TO THE FU	IMPORTA

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31. DATE FILED (Month, Day,

29'93

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR 26 DAY Seong Ho Kang 12:45 June am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER I YEAR 7. DATE OF BIRTH 9. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Dec 11, 224 - 17 - 0078 1 X M 2 - F 61 1931 Japan 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3201 Hollyhock Drive Burtonsville Montgomery RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Burtonsville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3201 Hollyhock Drive 20866 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, Whits, etc. FORCES? 1 YES 2 X NO 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 1 TYES 2 X NO Specify 3 Widowed 4 Divorced Korean COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 2 Years Owner-operator Liquor Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Young Bin Kang BE Kim notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Choonwon Kang 3201 Hollyhock Drive, Burtonsville, Maryland 20866 be 20s. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 XBuriel 2 Cremation 3 Removal from State Maryland National Mem. Park 6/28 Laurel, Maryland Donation 8 - Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707 medical 23. PART I. Enter the disease's, or/complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition Jastric Cancer event. resulting in death) one year OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in daeth) LAST 0 Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceusa given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 AND OF DEATH? 1 YES 2 NO 23 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? tem 28. PLACE OF DEATH Check only one HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 5 Assiden e 6 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigat м BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. MIDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATUR AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Meani, 1880 3 2 30. NAME AND ADDRESS OF PERSON COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> ams 32. REGISTRAR'S SIGNATURE

MD

DHMH-16 Rev 1/89

mo 421226

	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR	RTMENT OF H	EALTH AND	MENTAL HYGIEN REG. NO		93 20763				
	1. OECEDENT'S NAME (First, Middle, Last)	D 1 1				2. DATE OF DEATH	AY Y	3. TIME OF DEATH				
	Bertha 4. SOCIAL SECURITY NUMBER 5	Rachel		Kibbey	7	July 2	, 1993	11:55 AM				
	233-06-4572	□ M 2 🗓 F 8]	yrs. lest birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH  (Mopth, Day, Year)  Feb. 14	1912	BIRTHPLACE (State or Foreign Country) Virginia				
~	9e. FACILITY NAME (If not institution, give street	t and number)		96. CITY, TOWN (	OR LOCATION OF D		9c. COUNTY					
DIRECTOR	Physicians Memo	orial Hospit			lata		Charles					
	Maryland Charl	es MCDOWELL		La Plat	4.747	Н	10d. INSIDE CITY LIMITS?  TEXTES 2XXX NO					
FUNERAL	100. STREET AND NUMBER 6640 Horseshoe	Drive P.O.	BOX 113	101	ZIP CODE	46 24832	10g. CITIZEN OF WHAT COUNT					
S		. WAS DECEDENT EVER IN U	.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14.	. RACE — American Indian.				
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ZA_NO	If yes, sp	ELZANO Specif	en, Puerto Rican, etc.)		Special White atc.				
TED	15. DECEOENT'S EDUCAT (Specify only highest grade con	ION 1	Be. OECEDENT'S	USUAL OCCUPATION Work done during modes retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homem.		•	At Hon	ne					
SO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)					
BE (	Magellan Vi	ars				e Osborn						
10	190. INFORMANT'S NAME (Type/Print) Gloria Miller		19b. MAILING	Horses	BOX 113	ENGLISH, WEST	VIRGIN	I. 20646				
	20e METHOD OF OISPOSITION X Burlet 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 20b. Pl	ACE AND DATE	OF OISPOSITION (Na	me of	DATE 20c. LO	CATION - City	or Town, State Leld , W. Va.				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	(EF)	.0801									
	S.C.E.	hold &	100174			HOLS FUNE 67,LA PLA		HOME, INC. D. 20646				
	23. PART I. Enter the diseesea, or com ahock, or heert fellure. List	plicetions that caused to	ne deeth. Do i	not enter tha mo	de of dying, aud	h aa cardlac or reap	ratory arrast	t, Approximate Interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CHRONIC RENAL FAILURE:											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
<u>র</u>	CAUSE (Disease or Injury											
Ħ	that initiated evente resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE O	<b>F</b> ):								
8	d		-									
¥	PART II. Other algnificent conditions of	ontributing to deeth but	not resulting	in the underlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
PHYSICIAN: MEDIC	HYPONATRE	1 1 PC.				1 _ YES 2		COMPLETION OF CAUSE OF DEATH?				
¥	CONGESTIV	E HEAR	I PA	ILUKE		_		1 Tes 2 No				
AN	25. WAS CASE REFERRED TO MEDICAL			20 DI	ACE OF DEATH (Ch	ank ank and						
SIC		OSPITAL:  Inpetient 2 ER/Outpetie	ent 3 🗆 DOA	OTHER:		8 Other (Specify)						
¥	27. MANNER OF OEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	IED				
ВУР	Natural 5 Pending Investigation	(Month, Day, Year)	IN.		RK? 'ES 2 NO							
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm,	street, factory, office	,	261. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,				
9	29e. CERTIFIER											
Substitute the model of the determined building, etc. (Specify)  296. CERTIFIER (Check only one)  297. LOCATION (Street and Number or Rural Route City or Town, State)  298. CERTIFIER (Check only one)  298. CERTIFIER (Check only one)  299. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated.								euse(e) end menner ea stated.				
ш	29h SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	29d. DATE SI	IGNED (Month, Day, Year)				
10 8	De J	for			D-28281		<b>&gt;</b> 7	13 93.				
-	30. NAME AND ADDRESS OF PERSON WHO CO Nelson V. Benje		I (ITEM 27) (Type	0092	6 Woodya	rd Road,#1 yland 2073	.02					
			RE 70		con, nai	yland 2073	, ,					
1	31. DATE FILED (Month, Day, Year) '93	32. REGISTRAR'S SIGNATI	John Marks	400								

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle,

439 14 7968

RESIDENCE OF DECEDENT

IIIN 2 2 1993

A SOCIAL SECURITY NUMBER

ARR

5. SEX

Pleasant Living Convalescent

X M 2 D F

Prince Georges

1 -

DIRECTOR

permit. Pages 1, 2, 3 should 1 TYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4512 Navy Day Place be retained by the hospital or attending physician.

nge 5 should be detached for use as the burlal-transit 20746 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 世 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married 12-04-41 09-20-45 BY Specify: 3 Widowed 4 Divorced **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 Carpenter Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 Louis Larry SR. Clementine Claire notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 4512 Navy Day PL. Suitland MD 20746 Flora Bell Larry e e 20a. METHOD OF DISPOSITION
11 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must cemetery, cremetory or oth Maryland Vet<u>erans</u> 06 - 234 Donation 5 Other (Specify) Cheltenham MD 21. SIGNATURE OF FUNCTION SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY 20735 Lee Funeral Home in by the removal 6633 Old Alexander FerryRd ClintonMD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata the attending physician and completely filled in Mental Hygiene prior to burial, cremation, or re-Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition DUE TO (OR AS A CONSEQUENCE OF resulting in death) event. Anemia traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury \_ Pseudomenbranous Colitis or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Laryngeal Cancer PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS has been signed by t Dept. of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? shows any 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate ha with the State Do rked, or Item 2 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 284, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation L DIRECTOR; After the hours after death v 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, atreet, tectory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide COMPLETED 4 Homicide THE HOSPITAL OR ATT THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 🗌 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 38. NAME AND ADDRESS/OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE
Davidson-Randale 31. DATE FILED (Month, Day

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

Suitland

Sr.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

Edgewater, Maryland

9b, CITY, TOWN OR LOCATION OF DEATH

OUIS

73 YRS.

8. AGE (in yrs. last birthday)

93 20764

a. BIRTHPLACE (State or Foreign Country) Charenton, LA

10d. INSIDE CITY

Anne Arundel

6:30 PMM

1998

9c. COUNTY OF DEATH

REG. NO

18

2. DATE OF DEATH

7. DATE OF BIRTH

JUNE

DHMH-16 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMI	NT OF H	EALTH AND I	MENTAL HYGIR		93	2076
		1. DECEDENT'S NAME (First, Middle, Last) Anna	M.	Some		aste	2. DATE OF DEATH	DAY 9	YEAR 3.	TIME OF DEATH
2		4. SOCIAL SECURITY NUMBER 220-20-5803	1 □ M 2+□ F 6	4 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-28-2	)	Ohi	ACE (State or Foreign
1, 2, 3 should	стов	90. FACILITY NAME (If not institution, give s  Malcom Grow Ho  RESIDENCE OF DECEDENT				Springs	EATH		CE (	H Georges
nit. Pages	DIRE		nce George	Suit1		TION			1	d. INSIDE CITY LIMITS?
an. ransit permit.	FUNERAL	6126 Auth Roa			2	0746		USA	T COUNTRY?	
21215-0020 al or attending physician. In use as the burlal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yes or No—  14. RACE — American Indian, Black, White, etc.  Specify:  Cauc		
D 21	APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a. Completed)  College (1-4 or 5+)	Give kind of work of life. Do NOT use retin COSTNET	and during one	at al unation	16b. KIND OF I	Beauty Care		
8	COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid			
Bed at De	BE	Leroy Zydt  190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	IFSS (Street a		a (unkn		to all t	
B political	5	Renee Luhaste					and MD		oce)	
MORE, tge 6 may bi director, page or must be		20a_METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 1 Donation Other (Specify)	oval from State 20b. PLA cemetery.	CEAND DATE OF DIS crematory or other place Cremator	POSITION (Na Ice) DYV	me of 6 1	DATE 20c.	LOCATION — CH linton,	Mary	land
BALTIMORE after death, Page 6 may be the funeral director, pagnoval.		21. SIGNATURE OF FUNERAL SERVICE LIC	ASA		6633	Old Al	curLee F exander	Ferry	Rd	me Clinton
BOX 68760, sate be executed within 24 hours hysician and completely filled in the prior to burial, cremation, or re- reformatic event, the medi	CERTIFICATION	23. PART Leniar ins diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	List only one cause on sach	ISEQUENCE OF):			h as cardiec or red		it,	Approximate interval Between Onset and Deat
RDS, P. at the death of by the attend and Mental Hy y injury, or	MEDICAL CERTI	PART II. Other etgnificent condition	s. s contributing to desth but no	ot resulting in the	underlying	g csuse given in	PERF	AN AUTOPSY FORMED?	COI OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION DF CAUSE DEATH?
- 2 2 2 C	PHYSICIAN: N	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-		ACE OF DEATH (Che	ick only one)		1	YES 2 NO
마 요 호두 시	IXSI	1 PYES 2 NO	1 ☐ Impatient 2 M ER/Outpatient	3 DOA 4 -	_	e 5 🗆 Residence				
ION OF NDING PHYSICI The this cer The death with the The marked, of		1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT RK? 'ES 2 NO	28d. DESCRIBE HOV	W INJURY OCCUI	RED	
S afte at a	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — Ai building, atc. (Specify)	t home, farm, street,			28f. LOCATION (Street, City or Town, Sta	et and Number or ite)	Rural Route	Number,
0 5 6 9	COMPLET		CIAN: To the best of my knowledge. R: On the beals of examination and							d manner ea stated.
TO THE HOSPITAL OF THE FUNERAL OF THE PUNERAL OF THE PUNERAL OF THE POPULARY OF THE PUNERARY. If It	TO BE C	294. SIGNATURE AND TITLE OF CONTINUES	Pungue Mu	1		LICENSE NUM		29d. DATE S	IGNED (MOI	gin, Day, Year)
3		SE HAME AND ADDRESS OF PERSON WHO	V	2000 AND STATE FIRM O						
1		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	- Pandell						- <del></del>

BALTIMORE, WARYLAND 21215-0020

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	1 - FOR STATE REGISTRAR	STATE OF N			RTMENT OF			MENTAL	HYGIEN		93	20109	
	1. DECEDENT'S NAME (First, Middle, Last)	t						2. DATE	OF DEATH	AY	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	AMIN E	6. AGE (In yrs.					6	17	9	3		
	245-56-9441	1 M M 2 □ F	6. AGE (III yrs.		MONTHS DAY	-	MIN.		Dey, Year)		Country)	ACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give		> ~	<b>3</b> 1113.	96. CITY, TOW	1 00 1 00 1		3	-9-			Carolin	
DIRECTOR	DOCTOR'S COMME		יד וקצ	nl	LA2			EATH		PRIN	TY OF DEAT	reorge 15	
1 12	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	CATION					10	d. INSIDE CITY	
	MO PRIA	vce been	rez's	Ne	WCA	RNU	LTO.	N			ж	LIMITS?	
A P	10e. STREET AND NUMBER					10f. ZIP COI				10g. CITIZ	EN OF WHA	T COUNTRY?	
l ij	.7733 R. verda	ile Road	apt	503		207	84				U.S.	Α.	
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEOEN FORCES? 1						NIC ORIGIN	(Specify Ye	s or No—	14. RACE —	American Indien, hite, atc.	
В	3 Widowed 4 Divorced	IF YES, GIVE W		92		ES 2 NO			ican, etc.)				
	15. DECEDENT'S EDU	ICATION	160	DECEDENT'S	USUAL OCCUPA	TION		1 401	VIII 07 01		RI	ace	
ETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of the Do NOT under the Control of the C	work done during se retired.)	most of work	ting	160.	KIND OF BU	SINESS/INDU	JSTRY		
P	6th	conege (1-4 of 5 +	·   _	rocei	cv Cle	rk		1	Priva	ate			
COMPL	17. FATHER'S NAME (First, Middle, Last)				N. T.		THER'S NA		liddle, Maiden				
ш	Unknown									Robe	rtso	n	
TO B	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Street							2078	
F	Brenda D. Luc	as		7733	River	dale	Rd.	,#20	)3, N	lew C	arro	llton, M	
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem	oval from Stale		CEAND DATE	OF DISPOSITION	Neme of		DATE	20c. LC	CATION — C	ity or Town,	State	
	4 Donation 5 Other (Specify)			ar Hi	11 Ce	mete	ry 6	/21/	/93 S	Suit1	and,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			J. B	AND APORI	ESS OF FA	S Fu	inera	1 Ho	me		
	1 / B	le_	5	2	747	4 La	ndov	er F	Rd./I	ando	ver,	MD20785	
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Fine)	complications that List only one cau	ceused the se on eech ii	deeth. Do r ne.	not enter the i	node of dy	/ing, suc	h as cerdi	ec or resp	iratory erre	at,	Approximete Interval Between Onset and Death	
	disease or condition - resulting in deeth)  e. CANDIAC ARRIVATIVIMIA  DUE TO (OR AS A CONSEQUENCE OF):  Sequenticity list conditions.  b. ARTERIOS CLENARULA DISEASE  DISEASE												
z		ARTER	Loscle	note	CADX	/ALAA-D	(1 V A)	0 1	SE AN	•			
[음]	if any, leading to immediate	DUE TO	OR AS A CONS	SEQUENCE OF	F):		-0004	(   0 .					
5	CAUSE (Disease or Injury	с,											
間	that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	SEOUENCE OI	F):								
CERTIFICATION		d											
الحاة	PART II. Other significent condition	s contributing to	deeth but no	t resulting	in the underly	ng ceuse	given in	Pert I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
MEDICA			_						PERFOR		co	AILABLE PRIOR TO MPLETION OF CAUSE	
MEC										2 110		DEATH?	
ż								— i				]	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LICOSTITU				PLACE OF	DEATH (Ch	eck only one,	)			-	
, SI	1 X YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing H	me 5 🗆 R	asidence	8 🗆 Other	(Specify)				
PH	27. MANNER OF OEATH	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIM		NJURY AT		28d. OE\$C	RIBE HOW I	NJURY OCCU	JRED		
à l	1 Natural 5 Pending 2 Accident investigation	~	IA			YES 2 [	□ NO						
<u> </u>	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF building, a	INJURY — At Mc. (Specify)	home, lerm, a	treat, lectory, of	lca		28I. LOCA	TION (Street of Town, State)	and Number o	r Rural Route	Number,	
I I				_									
COMPLET		CIAN: To the best of t											
O.	one) 2 MEDICAL EXAMINE											d manner es stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	100	Denutr	med	140	29c. LIC	ENSE NUM	IBER		29d. DATE	SIGNED (Mo	nth, Day, Year)	
1 11	mearly	brehl	Exam	1721	~	1	018	252		16	17-9		
욘	AME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)		1 .		.7 -	11) 20		5	
	MANI A. DEVOR	E MD 4		Do ee	vibury	Rd	Hy	attou.	ille	11) 20	185		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF			7								
	JUN 2 I 1993 9	was Davidson	~- Pandal	20_									

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	Addedates 4 **												
		KENNET		DWARD	TONG						2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		S. SEX	LONG	s. last birthday)	T				6	18		93	100 M
		578-54-6910		1 X M 2 🗆 F		s. lest birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	OF BIRTH h, Day, Year)		Country)	
pine		9a. FACILITY NAME (# not ins		- \	51	THS.						12/194			ington, DC
3 should	œ	Greater Lau		,	. Uo-n-	: 4 - 1			OR LOCATI	ON OF DE	EATH			TY OF DE	
1, 2,	DIRECTOR	RESIDENCE OF DEC		SICSVIIIE	nosp.	ıtaı	Lau	rel					Prin	ce G	eorge's
	H.	10e. STATE	10b. COUNT	Υ		10c. Cl	TY, TOWN (	OR LOCA	TION					$\top$	10d. INSIDE CITY LIMITS?
permit. Pages		Maryland	Anne	Arundel		La	urel								1 K YES 2 NO
	FUNERAL	10e. STREET AND NUMBER						10	t. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
020 physician. burial-transit	Ä	13 South Ga	il Stı					_	20724		U.S.A.			.A.	
20 hysici urial-l		11. MARITAL STATUS  1 Never Married 2 X 1	Merried	12. WAS DECEDEN FORCES? 1	YES 2	<b>≅NO</b>	13.	WAS DEC	CENDENT (	OF HISPAN	NC ORIGIN	? (Specify Yes Rican, etc.)	or No-	14. RACE - Black,	- American Indien, White, etc.
-00 gg 4 ag	B	3 Widowed 4 Divor		IF YES, GIVE V	MAR OR DATES			1 YES	2 🔯 NO	Specify	y:		1	Specify	
as as	<b>a</b>	15. DECE	DENT'S EDU	CATION	16a	. DECEDENT'S	S USUAL O	CCUPATI	ON		16b	. KIND OF BUS	INESS/INDL	JSTRY	White
	E	Elementary/Secondary (0-	highest grade	College (1-4 or 5	+)	(Give kind of life. Do NOT L	work done use retired.)	during mo	ost of worki	ng					
	₽ F	12			P	Plumber Constru					ction				
YLAND 21 by the hospital or be detached for u	COMPLETED	17. FATHER'S NAME (First, Mic	idie, Last)						18. MOT	HER'S NA	IAME (First, Middle, Malden Surneme)				
H YL	BE		vard	Long					G1a	ıdys	Ge	rtrude	Wan	rble	
MARYLAND related by the hospit from the detached notified at once.	2	19a. INFORMANT'S NAME (Ty										ber, City or Town			
		Barbara O. I			_					eet,	Lau	rel, M			
Must be a	į	20s. METHOD OF DISPOSITION													
No. of the		Suriet 2 K Cremetion 3 Removal from State   Suriet 2 K Cremetion 3 Removal from State   Suriet 2 K Cremetion 5 Other (Specify)   Metropolitan Crematory 6/20/93   Alexandria, Virginia   22. NAME AND ADDRESS OF FACILITY   Francis Gasch's Sons Funeral Home, P.A.													
BALTIM or death. Paginte the Summing of the val.		7-1	1.	77	,		/ Fr	anci	Ls Ga	sch'	s So	ns Fun	eral	Home	P.A.
BA	-	yac,	12 1	- F	ne	nd	47	39 I	Balti	more	Ave	Hyat	tsvi]	lle.	MD 20781
68760, Executed within 24 hours are and completely fast in by the burial, cremeton, or remove safts event, the medical		21 PAIR Enter the dis shock, or he shock, or he shock, or he shock, or he disease or condition resulting in death)	ert failure.	complications tha List only one cau	ise on each	iine.							-		Approximate interval Between Onset and Death
760, ed within ompleta at, cremi,	1	Due to (or as a conscouence of:													
P.O. BOX 68760, the certificate be executed within the certificate be executed within the certificate by price to burial, crema or other traumatic event.	NO N	Sequentially list condition		b.	(OR AS A COR	USEQUENCE C	NED .								
or to the	CERTIFICATION	if any, leading to immed cause. Enter UNDERLYIN		00E 10	(OR AS A CO	4SECUENCE C	m):								
S, P.O. B( death certificate attending physiental Hygiene pri	띹	CAUSE (Disease or Injur that initiated events	У	DUE TO	(OR AS A CO	SEQUENCE C	DF):								1
P.O. th certification of the other of the ot	토	resulting in death) LAST	11	d											
	- 11	PART II. Other algnifican	t condition	e contribution to	doeth but -		In the co	4 -1 1							
CORDS, ires that the deat signed by the att leath and Menta was any Injury,	MEDICAL	TATE II. Other algumean	t condition	e contributing to	Geath Dut n	ot resulting	in the un	deriyin	g cause (	given in	Part I.	24a. WAS AN		1	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ECORE  quires that th signed by th Health and ows any in											-	1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
111 3 " 1 2	- H										-			1	I ☐ YES 2 ☐ NO
Law taw	PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					20 0	ACE OF D	EATH 401	nak acti	-			
PHYSICIAN: The law this certificate has with the State Deprived, or Item 23	8	EXAMINER?		HOSPITAL:	E9/Outpetles	2 - 2004	OTHER	<b>1</b> :							
SICIA certif	Ě	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIR	AE OF	28c. INJ	URY AT	sidenca		CRIBE HOW IN	JURY OCCI	JRED	
		1 Netural 5 P	ending rvestigation	(Month, D	lay, Year)	IN.	JURY	WO	PRK? YES 2	] NO					
NDING NDING R. After or death	0 BY	2 Suleide	ould not be	20e. PLACE O	F INJURY A etc. (Specify)	t home, farm,	street, fact	ory, offic			28f. LOC	ATION (Street e	nd Number o	or Rural Ro	ute Number,
S H D E SO	COMPLETED		etermined	- Journal of the state of the s	etc. (Opecity)					ĺ	City	or Town, State)			
Por Programme	2	29e. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge	, death occur	red at the ti	me, date	end place	, and due	to the ceu	se(s) end man	ner as atate	d.	
SPITA NERA hin 72	o I														end manner as stated.
A FU	w	296. SIGNATURE AND TITLE	OF CERTIFIER	Will	MU.	b			29c. LICE	NSE NUN	IBER		29d. DATE	SIGNED (A	Month, Day, Year)
DIVI TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item	0			Now.	1 11.				02	-42	83		16	20	.93 .
(0)		30. NAME AND ADDRESS OF	PERSON WH	32. REGISTRA	450 peath	FORT	y Print)	a	de	Ro	ad	la	use	f 14.	1020707.
		31. DATE FILED (Month, Day, M		32. REGISTRA	R'S SIGNATUR	וצל E	1.00								
		JUN 2	1 199	93 90	ia David	son-Nan	معاتك								

		1. DECEDENT'S NAME (First, Middle, Last)	LOGIER		ionie c	- BERTH	2. DATE OF DEAT	TH	YEAR 3. TIME OF DEATH H					
2, 3 should	OR	4. SOCIAL SECURITY NUMBER  2081 05 7884  9a. FACILITY NAME (If not institution, give  OPRROLLMANUR N	1 🗆 M 2 🗗 F	(In yrs. leet birthday)  97 YRS.				1896 N	BHRTHPLACE (State or Foreign Country)  New York  YOF DEATH					
t. Pages 1.	DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  Maryland  Prin	ce George's	1.7	y, TOWN OR LO	OCATION			10d. INSIDE CITY LIMITS? 1/1/2 YES 2   NO					
ı. ınsit perm	FUNERAL	10a. STREET AND NUMBER 4008	Winfield Cou	ırt		10f. ZIP CODE	20715		ed States					
5-0020 anding physician. as the burial-transit permit. Pages 1.	B	11. MARITAL STATUS 1   Never Married 2   Merried 3   Widowed 4   Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES		If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 NO Spec	an, Puerto Rican, et		RACE — American Indian, Black, White, etc. Specify: Caucasian					
2127al or att	COMPLETED	15. DECEDENT'S EDI (Specify only highest gred Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during se retired.)	PATION g most of working		n Home						
MARYLAND retained by the hospit 5 should be detached	i iii	17. FATHER'S NAME (First, Middle, Last)	Edward Boo	ehme		18. MOTHER'S N	AME (First, Middle, M	faiden Surname)						
60 60	2		Lillian Schultz Daughter 4008 Winfield Court Bowie, Maryland  200 PLACE AND DATE OF DISPOSITION (Name of State Of Court State Of State Of Court State Of Sta											
ALTIMOR death. Page 6 me luneral director,		4 Donation 5 Other (Specify)	I.ong Island National June 21 93 Farmington. New York  1. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Beall—Evans Funeral Home P.A.  Pres. 16000 Annapolis Road Bowie. Maryland 207											
, P.O. BOX 68760, and certificate be executed within 24 hours after through physician and completely filled in by the prior to burist, cremation, or removed the property and the median property than median the median than median and the median property.	ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CONGEST  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.	A CONSEQUENCE OF	not entar tha	mode of dying, su	ch as cardiac or	reapfratory arres	R, Approximata interval Between Onset and Death					
signed by Health and	MEDICAL	PART II. Other algnificant condition	na contributing to deeth b	out not resulting	in the undari	ying cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2   NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIAN: The law requestricate has been the State Dept. of the 13 and 13 and 14 and 15	YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	S. PLACE OF DEATH (C		4						
O 돈 함을		27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c.	INJURY AT WORK?  YES 2 NO		IOW INJURY OCCU	RED					
DIVISION OR ATTENDING DIRECTOR: Atter hours after death	TED	3 Suicide S Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	/ At home, farm, soify)	street, factory, c	office	281, LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,					
			SICIAN: To the best of my know ER: On the beele of axaminatio						cause(e) end manner as stated.					
THE HOSPITAL THE FUNERAL filed within 72	TO BE	396, SIGNATURE AND TITLE OF CERTIFIE  30, NAME AND ADDRESS OF PERSON W	1 . / . /	ATH (I EM 27) (Since	Defeat)	29c. LICENSE NU	7-7/	. /	SIGNED (Month, Day, Year)					
(6)		30. NAME AND ADDRESS OF PERSON WITH ANN CO. 31. DATE FILED (Mortit, Day, Year)	SCHNELDE	PR MAD	5401	MACARTI	HIR BLID	Mille	SHDC20016					
		JUN 2 5 199	32. REGISTRAN'S SIGN	idson-Randi	ell.									

1 - STATE REGISTRAR

BANTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE (	OF DEATH	REG.	NO.	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	TH	3. TIME OF DEATH
			Lillian	n I. Lynt	ı		June 2:		7:30 A.M.M
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Yea	1	8. BIRTHPLACE (State or Foreign
D	1	579 09 1770	1 M 2 F	80 YRS.	MONTHS D	NYS HOURS MIN.	Nov. 7		Country) Virginia
3 should		9e. FACILITY NAME (If not institution, give s				WN OR LOCATION OF DE		9c. COUNT	TY OF DEATH
	9	Anne Arundel Med:	ical Center		Anna	polis		Anne	e Arundel
₹.	[ [ [	RESIDENCE OF DECEDENT  10e. STATE 10e. COUNT	v	10-07	Y, TOWN OR L				
Page	DIRECTOR		ce George's		Bowie	OCATION			tod. INSIDE CITY LIMITS?
il.		10e. STREET AND NUMBER	20 000180 0		-	101. ZIP CODE		AA DITIT	1√√ YES 2 □ NO EN OF WHAT COUNTRY?
r attending physician. use as the burial-transit permit. Pages 1. 2,	FUNERAL	2603 Ann Arbor La				20716		Uni	ted States
physician burial-tra	교	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 XNO	13. WAS	DECENDENT OF HISPAN s, specify Cuben, Mexica	IIC ORIGIN? (Specifin, Puerto Ricen, atc	y Yes or No— 1	14. RACE — American Indian, Black, White, atc.
ing p	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES NO	1 🗆	YES 2 NO Specify	No No		Specify: White
attending se as the	8	15. DECEOENT'S EDU	CATION	18e. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF	BUSINESS/INDU	STRY
al or a for us	<b>L</b>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of v life. Do NOT us	vork done durin e retired.)	g most of working			
ospita thed	릴	12		Homemal	ker			Own Hor	me
the hospital or detached for u	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Me		
3 E E	BE (	Erving Luther Gri	lggs			Louise	e E. Gree	enwood	
retained by the hospita 5 should be detached notified at once.	0	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural F	Route Number, City or	Town, State, Zip C	(ade)
be no	-	William M. Lynn,	Jr.	7948	Andor	ick Drive	Severn,	Md. 21	144
Tiene I		20e. METHOD OF DISPOSITION 1   Burlel 2 □ Cremation 3 □ Rem	oval from State cen	PLACE AND DATE O	OF DISPOSITIO	N (Name of	1 .	LOCATION — CI	
BP 40		4 Donation 5 Other (Specify)		cedar Hi					Maryland
examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	D	Be.	all-Evans	Funeral	Home, P	.A.
exa exa	- 3	1 over C	· Clans	- Mes		000 Annapo			
hours after ded in by the or removal medical e		23. PART I. Enter the diseases, or other	complicatione that caused Liet only one cause on e	the death. Do n	ot enter the	mode of dying, such	h es cardiac or n	eapiratory arres	st, Approximata
filled in on. or re		IMMEDIATE CAUSE (Final	Liet only one cause on e	ech line.					Interval Between Onset and Death
		disease or condition resulting in death)	· ( mail	we A	guit	Tailure			Lucel
completely fille ial, cremation.			DUE TO (OA AS	-CONSEQUENCE OF	7):				1 much
atic	N N	Sequentially list conditions,	b	nunsu	4L				10 days
B " D E	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	Poten	· D 1	<	7	10
leath certificate be attending physician mal Hygiene prior to y, or other traur	5	CAUSE (Disease or injury	DUE TO (OR AS (	CONSEQUENCE OF	VI MY	we from	warmy !	1 secas	le 10 mil.
certi ding Hygie	E	that initiated events resulting in death) LAST			,.		/		i ′ 1
death atten	G		d						
5 7 7 5	DICAL	PART II. Other significant condition	s contributing to deeth b	ut not resulting i	n the under	lying cause given in	Part I. 24a, WAS	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
s that ned by lith an	음	Multi	The Companies	our of	ractus	er of spire	7	S 2 NO	COMPLETION OF CAUSE DF DEATH?
been signe t. of Healtl	ME	/	/			0 /			1 TYES 2 NO
law re las bee Dept. o 23 sh	4.4								
SICIAN: The law requires the certificate has been signed to the State Dept. of Health:  1, or item 23 shows an	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			8. PLACE OF OEATH (Che	ock only one)		
or It	YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outp	etlent 3 🗆 DOA	OTHER: 4 Nursing	Home 5 - Residence	8 Other (Specify)		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law ID THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept.	PHY	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIMI	E OF 280 URY	INJURY AT WORK?	28d. OESCRIBE HO	OW INJURY OCCU	REO
Othor PHYS After this of death with s s marked,	B	2 Accident Investigation				YES 2 NO			
TTENDI TOR: A after d	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	treet, factory,	office	28f. LOCATION (Str. City or Town, S	reet end Number or itate)	r Rural Route Number,
OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	<u> </u>	An CENTIFIED							
AL D	를		CIAN: To the beat of my know						
THE HOSPITAL TO THE FUNERAL FILED WITHIN 72 I	COMPLET	2 MEDICAL EXAMINE	R: On the beele of exemination	n end/or investigatio	n, in my opink	on, death occured at the	time, date end piece	s, and due to the	couse(s) end manner ee stated.
TO THE HOSPI THE FUNE Me filed within	8	29b. SIGNATURE AND TITLE OF CERTIFIER	Cal 51 .			29c. LICENSE NUM	IBER	29d. DATE	SIGNED (Month, Day, Year)
B 8 8 €	2	14/11 /s	40 Colon	NE		D30	701	1 4	123/93
(m)		30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	0.1 - 4	1.0	1.5	
10/		TOTAL SUNA	EDEN'S (	OUD KID	3647	ME ANA	IMPOLIS,	MD.	11401
		31. DATE HILED (Month; Day, Year)	Julia Davidse				7		
<i>r</i>		JUN 2 5 1993	grown wands	m-Manage					- 1

1 - FOR STATE REGISTRAR STATE OF MARYLAND'S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. . DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ELOISE UNEDA LLOYD 14:16 JULY 6 1993 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year MAR 8 1 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAYS HOURS 1916 218-03-6462 MARYLAND Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION HOSPITAL FLKTON CECIL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND CECIL CHESAPEAKE CITY XX YES 2 NO detached for use as the burial-transit permit. **FUNERAL** 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 226 GEORGE STREET 21915 USA retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was, specify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 14. RACE — American Indian, Black, White, etc. **ORE, MARYLAND 21215-0020** 1 Never Married 2 Married If yes, specify Cuben, Maxican, Pu IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced ВҰ WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 11 HOMEMAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at HARRY JONES BE SUSIE TILLMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LIDUM DR., ELKTON, MD 21921 HOWARD G. LLOYD, JR 18 ME 9 9 20a, METHOD OF DISPOSITION

1 N Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION — City or Town, State must 4 ☐ Donation 5 ☐ Other (Specify) BETHEL CEMETERY CHESAPEAKE CITY, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE R.T. FOARD FUNERAL HOME GEORGE ST., CHESAPEAKE CITY, event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory strest, been signed by the attending physician and completely filled in by ot. of Health and Mental Hygiene prior to burial, cremation, or remo shock, or haert fallure. Llat only one ceuse on each ilna. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death Myolardia OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati resulting in death) OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗀 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNUL OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? marked, BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined - 69 COMPLETED 4 Homicide 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. FUNERAL (
within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Monty, Day, Year) BE mergence 7 90 2 30. NAME/AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Too. Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whia Davidson Bandalle JUL 0 8 '93

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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount by		from 28 is marked or 18em 23 shows any injury or other traumatic event the medical evantuar must be seemed
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	FOR STATE REGISTRAR		STATE OF N	MARYLAND	/ DEPAR	RTMENT OF	HEALTH E DEA	AND	MENTA		_	3	20771
	1. DECEDENT'S NAME (First,	Middle, Last)				IOAILO	, DEA		2. DATE	OF DEATH		1	3. TIME OF DEATH
- 9	RII	CEWAY	CORB	em	Le	onard			MQNT	ne ?	24, 1	593	11:19Am
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs.			IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			LACE (State or Foreign
	215-20-128	37	1 XM 2   F	68	YRS.	MONTHS DAY	HOURS	MIN.		h, Day, Year)	925	Country) Marvl	
	90. FACILITY NAME (If not inst	titution, give str	eet end number)	·		9b. CITY, TOW	N OR LOCAT	ION OF D		110, 11		TY OF DEA	
DIRECTOR	RESIDENCE OF DECE	EDENT	1 Hospi	ital		East	on				r	albo	ot
RE		10b. COUNTY			10c. CIT	Y, TOWH OR LO	CATION					1	Od. INSIDE CITY
	Maryland	Talbo	ot		R	loyal Oa	k					1	YES 2 X NO
BY FUNERAL	106. STREET AND NUMBER 24921 Deep N	leck Ro	i.				101. ZIP COD 21662					S.A.	AT COUNTRY?
5	11. MARITAL STATUS Y		12. WAS DECEDEN FORCES? 1	T EYER IN U.S.	ARMED	13. WAS 0	ECENDENT	OF HISPA	NIC ORIGIN	I? (Specify Ya			- American Indian, White, etc.
7	1 Never Married 2 1 h 3 Widowed 4 Divorce		IF YES, GIVE W	AR OR DATES		1 T V	specify Cube	en, Maxica Specia	an, Puerto ! fy:	Rican, etc.)		Black, Specify:	White, etc.
		- 1	Merchan										White
E	(Specify only	DENT'S EDUC. highest grade of	ATION completed)		Give kind of the Do NOT us	Work done during	TION most of world	ing	16b	. KIND OF BU	SINESS/INDU	JSTRY	
2	Elementary/Secondary (0-1	12)	College (1-4 or 5 +	·)		,							
COMPLETED	17. FATHER'S NAME (First, Mid	idle (ast)		1	armer		40.4407	110010 11		Farm Middle, Meiden			
	Henry T. L	,,	1				100000						
BE	190. INFORMANT'S NAME (Typ.		4		ISP MAILING	ADDRESS (Street				P. Con		0-4-1	
2	Jeanette M.	Leona	ırd	- 1		Deep N					,	,	21669
	20a. METHOD OF DISPOSITIO	ON .				OF DISPOSITION		u. 1	DAT		CATION — C		
	1 Burial 2 Cremetion 4 Donation 5 Other (		val from State			remator		ne 2	1	993 Do			
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	1	0	22. NAME	AND ADDRE	SS OF FA	CILITY				ware
	Della :		EU	//						rd Fur			
	23. PART I. Enter the dis	eases, or co	omplications that	caused the	death Dos	312	S. Ta	Ibot	st.	St. N	li chae	ls, I	Md. 21663
	ahock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fellure. L	at only one cau	se on each fir	ALL EQUENCE OF	a	rre	N	D		~ //	,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	iate IG y	DUE TO	OR AS A CONS	REQUENCE OF		thy	4/1	Xu	ers	1/2	4	
PHYSICIAN: MEDICAL C	PART II. Other significan	t conditions	contributing to	deeth but not	resulting	in the underly	ing cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	A C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL				90	PLACE DF D	EATH AC	hank and	al .		1	
SIC	EXAMINER?		HOSPITAL:	EB/Outpetiers	2 🗆 🖂	OTHER:							
Ĕ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	4 Nursing H	NJURY AT	naidence	_	(Specify)	NJURY OCC	IRED	
	1 Netural 5 P	ending rvestigation	(Month, De	ly, Ybar)	INJ		YES 2	NO					
TED BY	3 Suicide 8 C	ould not be etermined	28e. PLACE Of building.	F INJURY — AL I etc. (Specify)	ome, farm, s	street, factory, of	lica		28f. LOCA	ATION (Street a or Town, State)	and Number o	or Rural Rou	te Number,
COMPLET			AN: To the best of										nd menner ee stated.
TO BE (	296. SIGNATURE AND TITLE OF	PERSON WHO	COMPLETED CAUS	E OF GEATH (IT.	EM 27) (Type,	Print)	17	ENSE NUI	30	8	1 6	SIGNED (N	5° 93
	R. Lane	Wroth	M.D. 80	0 S. Ta	albot	St. St	. Micl	hael	s. Ma	rvlan	d 21	663	30
	31. DATE FILED (Month, Day, Ye JUN 2	ear)	32. REGISTRAI	Saly door	Randa	R.			_ ,		~ <u>#</u> 1		

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BALTIMORE, WARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

pained by the hospital or attending physician	to should be detached for use as the burial-tra	
(may be parent by the ho	cibi, page should be detach	nust be notified at once
thin 24 hours after death. Ros	stely filled in by the funeral ore mation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerum be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	f, or other traumatic even
1: The law requires that the de	cate has been signed by the a state Dept, of Health and Men	item 23 shows any Injury
OR ATTENDING PHYSICIAN	DIRECTOR: After this certific hours after death with the S	item 28 is marked, or
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: IF

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	REGISTRAR	ATE OF MARYLAN	D / DEPAR CERTIF	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIE	NE	,	201	14
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	3. Т	IME OF DEATH	1
	Myrtle A			Lowe	ry			YEAR	3:23	рм
	4. SOCIAL SECURITY NUMBER 5. SEI 220-1.4-0063 1 □	6. AGE (In yr. 68	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	924	BIRTHPLAC	E (State or For	eign
~	9a. FACILITY NAME (If not institution, give street and	George,		9b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNT	Y OF DEATH		
DIRECTOR	Memorial Hospita RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	1 at East		Easto			Ta1	bot		
E I	Maryland Talk	204		, TOWN OR LOC					INSIDE CITY	
	10e. STREET AND NUMBER	301	1.1	lghmai					YES 2 📉 1	10
FUNERAL	Black Walnut Poi	int Poad		'	of. ZIP CODE 21671			EN OF WHAT	COUNTRY?	
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	1 Never Married 2 Married FO	PRCES? 1 YES 2 YES, GIVE WAR OR DATES	NO	If yes, s	pecify Cuban, Maxica	nic Onicin'r (specify ti in, Puarto Rican, etc.) 'y:	es or No.—		merican Indier Ita, atc.	1,
BY	3 Widowed 4XXVivorced	TES, GIVE WAN ON DATES		'''	S 2 10 NO Specif	у:		Specify: Wh	ite	
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	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meide	n Sumame)			
BE	Henry Miller  19a. INFORMANT'S NAME (Type/Print)				Mazi					
2	Douglas W. Lowery	,				Route Number, City or To				
						hman, MI				
	20e METHOD OF DISPOSITION  1 A Burial 2 Cremation 3 Removal fro  4 Donation 5 Other (Specify)	om Stata cemejery	cramatory or ot	resposition (for place)  Method	Nama of		DCATION — CH			j
j	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1.1.3	giman		AND ADDRESS OF FA	6-28 T:	ilghma	ın, M	D	
ì				Nev	nam Fur	eral Hon	ne, P.	.А.		
	23. PART I. Enter the diseases, or complic	ERCERON	CFST	<b>200</b>	) S. Har	rison St	Ea	ston	, MD	
ATION	ahock, or heart failure. List on IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OF AS A CON	SEQUENCE OF	Gr.	est .		les		Approximatinterval Bet Onset and	ween
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	gate to for as a con	SEQUENCE OF	)				1	gree	<u> </u>
_	PART II. Other significant constitions contr	ributing to death but he	of resulting is	the underlying	ng cause given in		N AUTOPSY HMED?	AWAIL	AUTOPSY FINE ABLE PRIOR TO	9
PHYSICIAN: MEDICAL	- January	fier	aa			1 □ YES	a □ wo	OF DE	PLETION OF CAL EATH? YES 2 \( \) NO	
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ੂ ∥	25. WAS CABE REFERRED TO MEDICAL EXAMINER? HOSI	PITAL: \/		OTHER:	LACE OF DEATH (Ch	eck only one)				=
× I		patient 2 ER/Outpatient	_	4 III Numing Ho	me 5 🗆 Residence					
	1 Natural 5 Pending	So. DATE OF INJURY (Mown, Day Meer)	286. TIME INJU	IRY W	DORKY AT	284. DESCRIBE HOW	INJURY OCCUR	NED		
à l	2 Accident Investigation	L BLACK OF MINOR			YES 2 NO					
9	3 Suicide S Could not be 4 Homicide determined	Be. PLACE OF INJURY — A building, etc. (Specify)	home, tami, st	reet, fectory, offi	ce	2M. LOCATION (Street City or Sown, State	and Mumber or )	Plunel Route A	Vurnber.	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To								manner as stat	led.
ш	296. MIGNATURE AND THE OF CENTURES	1881	_		29c. LICENSE NUI	ABER O	29d. DATE S	GIGNED (Monti	h, Day, Year)	
∞	K . Walle CA	MAN	1)		1711	508	16.	28	-53	
일	R. Lane Wroth. M.									$\dashv$
	The state of the s	D., P.O.	ROX 5	90, St	. Micha	els, MD	21663			
	JUN 28 1993	PEGISTRAR'S SIGNATUR								

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BALTIMORE, MARYDAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mained by the man	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shidner te quantity be filed within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	124 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mertial Hyplene prior to burial, cremation, or removal.	the state of
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR A	DIREC	tem
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	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	ГН		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			_ <u>-</u> -						OF DEATN			3. TIME OF DEATN
	MINNIE N	AE MOWER	RY						JUL		993	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t hirthrian)	IF UNDER	1 VEAD	IF UNDER	Of time	7. DATE C		. 993		10:25 A.
	213-24-7365	1 🗆 M 2 📈 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Countr	
			88	Tho.					MAY 2	2 190	)5	WES	T VIRGINIA
-	9a. FACILITY NAME (If not institution, give stre				9b. CITY,	TOWN	OR LOCATIO	ON OF DE	EATN		9c. COU	NTY OF D	EATN
0	CUMBERLAND NURSING HOME CUMBERLAND ALLEGANY												
DIRECTOR	RESIDENCE OF DECEDENT											Dillo.	21171
2	10e. STATE 10b. COUNTY			10c. CiT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
		EGANY		C	UMBEI	RLAN	ID						1 YES 2 NO
A	10e. STREET AND NUMBER					101	f. ZIP COOE				10g. CIT	ZEN OF V	VHAT COUNTRY?
FUNERAL	305 GRAND AVENUE						2150	02			١,	U.S.	٨
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.AR	MED	13. V	WAS DEC			IIC ORIGINS	(Specify Yes			— American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 N	10	- 11	yes, sp	ecity Cuba	n, Mexica	n, Puarto R	ican, etc.)	or No-	Black	t, White, etc.
ΒY	3 Widowed 4 Divorced	W TES, GIVE W	NO DATES		'	☐ YES	2 NO	Specify	/:			Speci	W WHITE
ETED	15. OECEDENT'S EDUCA	ATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON		166	KIND OF BU	IMESS/IME	MISTRY	
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2	Elementary/Secondary (0-12) 5	College (1-4 or 5+)	'		KEEPE	מי			ļ ,,	OHOE	TI DON		
COMPL	17. FATHER'S NAME (First, Middle, Last)		110	USE .	KEEF E	A.R.		_		IOUSE		ŁR.	
ပ	JOHN DAVID JONES									iddle, Maiden			
8										E WHI			
9	19s. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	(Street a	and Number	or Rural F	Route Number	er, City or Tow	n, State, Zip	Code)	
-	ROBERT K. MOWERY		6	18 F	REDER	ICK	STRE	EET (	CUMBE	RLAND	. MAI	RYLAN	ND 21502
	20a, METHOD OF DISPOSITION		20b. PLACE	NDDATE	OF DISPOSI	TION /Na			DATE	-	CATION —		
	1 Burlai 2 Cremation 3 Removed	/al from Stata	SUNSE	T CE	TETER	Y	JULY	4 10	993	CIM	REDI	AND	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22 1	IAME A	ND ADDRES	S OF FA	CHITY			IIVD,	MARILAND
	AN UM	-11								RAL H			
	hale of. The	will			40	4 D	ECATU	JR S	TREET	CUMB	ERLAN	ND. N	MARYLAND
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that	caused the de	ath. Do r	not enter	the mo	de of dyi	ng, sucl	h as cardi	ac or reap	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Final	at only one caus	e on each line.										Onset and Death
	disease or condition		Fred	MA	un	2.							
	resulting in death)	DUE TO (	OR AS A CONSEC										
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CONSEC	UENCE O	F):								
¥	cause. Enter UNDERLYING												
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E	resulting in death) LAST												
	d.												
	PART il. Other significant conditions	contributing to	death but not re	sulting	in the un	deriyin	g cause g	lven in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL	7	old ay	e.							PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		0							-	1 TES 2	No		OF DEATH?
Σ									- 1				1 YES 2 NO
PHYSICIAN: ME	or was over personal to very												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHER		ACE OF DE	EATH (Che	ock only one	)			
YSI	1 VES 2 NO	1   Inpatient 2	ER/Outpatient 3	□ DOA	Nurs	ing Hom	e 5 🗆 Re	sidence	6 🗆 Other	(Specify)			
표	27. MANNER OF DEATH	26a. DATE OF I (Month, Da		26b. TIM	E OF URY	28c. INJ WO	URY AT		28d. DE\$0	RIBE HOW I	NJURY OC	CURED	
В	Natural 5 Pending Investigation				М		YES 2	NO					
	3 Suicide 8 Could not be	26a. PLACE OF	INJURY At hor	ne, ferm,	dreet, facto	ry, offic	•				nd Number	or Rural F	loute Number,
윤	4 Homicide determined	building, e	tc. (Specify)						City o	Town, State)			
	29a. CERTIFIER												
<u>ē</u>	(Check only												
COMPLET	2 MEDICAL EXAMINER	On the basis of axi	minetion and/or in	nvestigatio	n, In my op	rinion, d	eath occur	ed at the	time, data a	ind place, an	d due to th	in cause(s	) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	.11					29c. LICE	NSE NUM	BER	,	29d. DAT	E SIGNED	(Month, Day, Year)
	Delen W	Vali	w	L	10		D	0 4	19X	/		7/2/	23
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSI	E OF DEATH (ITEN	27) (Type	Pript)		1		1 4 1			1/1	
	P.B. HAL	Mos	302	Sch	le	xt	lu	ul	rell	and	No	1	
	31. DATE FILED (MONTH DE SSES	REGISTBAR	'S SIGNATURE	-ark-									

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3. TIME OF DEATN

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2. DATE OF DEATN

BALTIMORE, MARYLAND 21215-0020 fer death. Page 6 may be retained for arranding physicis

24 hours after death. Page 6 may be man

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6-30-4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIFTTN IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 XM 2 - F 220-10-2381 89 0-5 3 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Nursing Hom DIRECTOR Allegan onaconing RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Allegan onaconing YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 10g. CITIZEN OF COUNTRY? CAST 16 21539 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Given kind of work done during most of working 15. DECEDENT'S EDUCATION ecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during m life. Do NOT use retired.) College (1-4 or 5+1 Driver 17. FATNER'S NAME (First, Middle, Last) G. John BE 19a. INFORMANT'S NAME (Type/Print) Be+t 19b. MAILING ADDRESS (Street and Nu 2 FURNACE ST 20a\_METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRE AND ADDRESS OF FACILITY

MCKEW21 FUNCIA 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximeta shock, or heart fellure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** diseese or condition Myoca reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) OUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuas given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME O 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident WORK? 5 Pending Investigation ВУ м 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide determined 1 XCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) and menner es stated. a medical examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. SO . MILL OF CHAT BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) TO THE be filed 007004 W 93 30 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) -iR. MILES 57 JACKSON ST JR. LONACONING DMI 6 31. DATE FILED Mond DE CES ESIS VIBIS CIENTINE

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ALCOHOL: Q21

RICHARD SCHMIRT

SISTRAR'S SIGNATURE

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and the second of the second o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
O 04 10	or use a		
Bridge.	tached 1		MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	RECTO	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ım 28
	3AL DI	22 ho	If ite
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permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) meredith 2. DATE OF DEATH 3. TIME OF DEATH WILLIAM M. MAY **07** YEAR 04 1993 6:30 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
JUNE 2 1923 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign WEST VIRGINIA 1 X M 2 1 F 70 226 26 8557 DAYS YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR SACRED HEART HOSPITAL CUMBERLAND, MARYLAND ALLEGANY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WEST VIRGINIA HAMPSHIRE 1 YES 2 NO AUCUSTA 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY P.O.BOX# 255 26704 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried
3 Divorced BY 1 TES 2XTONO Specify Specify: WHITE TATTAT 1 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) 8 CARPENTER CARPENTER 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) UNKNOWN BE UNKNOWN 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EUNOCE VIRGINIA STINE MAY P.O.BOX# 255 AUGUSTA W. VA. 26704 METHOD OF DISPOSITION

Source 2 Cremation 3 Rec 20s METHOD OF STANDARD OF STAN 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE SPRINGS CEMETERY TITLY 7 1993 STAR TANNERY VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MERRITT-ADAMS FUNERAL HOME 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest. Approximate shock, or haart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 6 Weski resulting in death) DUE TO (OR AS A CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQ If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II, Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO agestive OPD Heavy 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER OTHER 1 WES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA e 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural Accider 5 Pending Investigation 84 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. MEDICAL EXAMINER: On the bi end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner se stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE July 6 493 2

BALTIMORE,

al or attending physician. 0 21215-0020

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
1 3	Jef	frev A	llen Ma	cMilla:	n					монтн		AY.	YEAR 93	11:34A
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.							7. DATE OF	BIRTH			LACE (State or Foreign		
1	219-04-3	3816	1 🔀 M 2 🗆 F	9	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	ey, 16er) 25/83		Country)	MD
	9a. FACILITY NAME (If not is		The second secon						ION OF DE		207 00	9c. COU	NTY OF DE	ATH
O.	Rt 1 Box 43		r Road			В	arto	n				A116	egany	
[[	RESIDENCE OF DE	10b. COUNT	·		100 013	TY, TOWN O	201004	TION						
DIRECTOR	Maryland	Alleg				Barto		TION						IOD. INSIDE CITY LIMITS? I YES 2 X NO
14	10e. STREET AND NUMBER							1. ZIP COD				10g. CITI	ZEN OF WH	IAT COUNTRY?
FUNERAL	Rt 1 Box 4							.1.72.1					U.	S.
교	11. MARITAL STATUS	Married	12. WAS DECEDED FORCES?	T YES 2	ARMED NO	13.	WAS DEC	ENDENT	OF HISPAN	HC ORIGIN? (S	Specify Yes	or No-	14. RACE - Black,	- American Indian, White, etc.
Э ВУ	3 Widowed 4 Dive	orced	IF YES, GIVE	MAR OR DATES				2 X NO			, ,		Specify:	
핕	15. DEC (Specify on	EDENT'S EDU- ly highest grade	completed)	16a.	Give kind of	work done	CCUPATIO	ON ost of worki	ing	16b. Kil	ND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	itte. Do NOT u	Transfer of the second				1		/-		
×	N/A 17. FATHER'S NAME (First, A	Welster A and				N/A			-			N/A		
			MACMITT	7. 7.1				18. MOT	HER'S NA	ME (First, Midd			TZ 147	OMTITANI
BE	190, INFORMANT'S NAME (		MACMILL	AIN										CMILLAN
٤			MILLAN		MILLE	ER R	D .	RT	r or Runii F BO	X 43	BAR	n, State, Zip TON,	MD	21521
	20e. METHOD OF DISPOSIT  1X Burlel 2 ☐ Cremetic  4 ☐ Donation 6 ☐ Other	on 3 Rem	oval from State	20b. PLA cemetery	CE AND DATE	of DISPOS	EME:	me of	v 7_	3-93		CATION —	N M	n, Stata
	21. SIGNATURE OF FUNER	SERVICE LIC	ENSEE /	1					SS OF FA	CHITY				
	· Wa	1111	150	ul						ST. W	EST	ERNP	ORT,	FUNERAL MD SERV
	23. PART I. Enter the	iseases, or o	Omplications the	t coused tha	death. Do	not anter	tha mo	de of dy	ring, suci	n as cardiec	Dr reepi	ratory arm	est,	Approximate
	IMMEDIATE CAUSE (Fir			ose on aach i	ine.									Onset and Deat
	disesse or condition resulting in death)	<b>→</b>	Cere	ebral p	alsey	with	res	spira	atory	compi	Licat	cions		
			DUE TO	(OR AS A CON	SEQUENCE O	F):								
8	Sequentielly list condit	ione,	b											
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY		DOF 10	(OR AS A CON	SEOUENCE O	F):								
임	CAUSE (Disease or Inju		DUE TO	(OR AS A CON	SEOUENCE O	n:								
듄	resulting in death) LAS	T				. ,-								j
		-												<u> </u>
MEDICAL	PART II. Other eignifice	ent condition	contributing to	deeth but no	t resulting	in the un	derlying	g ceuse	given in	Part i. 24	. WAS AN			ERE AUTOPSY FINDINGS
음	1	Mitral	valve	prolaps	6					1	TYES 2		C	OMPLETION OF CAUSE OF DEATH?
Æ										_	4			YES 2 NO
ż														
PHYSICIAN:	25. WAS CASE REFERRED TO SEPAMINER?	O MEDICAL	HOSPITAL:					ACE OF D	EATH (Che	ck only one)				
YSI	YES 2 NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER		5 R	esidence	6 Other (Sp	ecify)			
표	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRI	BE HOW IP	JURY OCC	URED	
B		Pending Investigation				М		/ES 2 [	NO					
COMPLETED		Could not be determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, ferm,	street, facto	bry, office	•		281. LOCATIO City or To	N (Street a	nd Number	or Rural Rou	ite Number,
7	29e. CERTIFIER 1 CERT	TIFYING PHYSIC	CIAN: To the best of	my knowledge	death occurs	ad at the ti	me deta	and alone	and due	to the course	)d		4	
Ž I	(Check only one)	ICAL EXAMINE	On the basis of	xamination end/	or investigation	on, In my o	pinion, d	eath occur	red at the	time, dete end	place, en	due to the	ro. n councie) s	nd manner ae stated.
		OF OFFICER							ENSE NUM					
B	VXI.	1/1		Dotv	Med I	Ex			0915		i			fonth, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUS					_				- /	/1/93	,
	Paul Sno			3rd St			2150	2						
	31. DATE FILED (Month, Day,	Ybar)		R'S SIGNATURI										
	JUL 0719	37		4	7									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law moves that it may be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been as the burial physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUN be filed with	IMPORTAN

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			IENTAL HYGIEN		3 20111
	1. DECEDENT'S NAME (First, Middle, Last)  ROBERT  4. SOCIAL SECURITY NUMBER	Me	RRITT	RITT		06 1	1 43	3. TIME OF DEATH  3:25 P m
1	ACCOUNT ACCOUNTS	1 M 2   F	YRS. MO	NTHE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-18-3	7 V	BIRTHPLACE (State or Foreign Country) VASH . D.C.
TOR	WASHINGTON RESIDENCE OF DECEDENT	ADVENTIS			A PARK		MON'	TGOMERY
DIRECTOR		GOMERY	10c. CITY, TO	OMA	PARK			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7777 MAPLE 11. MARITAL STATUS		# 607	200	20912	)	u.s	
ВУ	1 Nover Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO NTES	If yes, spi	ENDENT OF HISPANK ecity Cuban, Mexican, 2 NO Specily:	C ORIGIN? (Specify Ver , Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos tired.)	st of working		e Logis	stics Services
N N	12th grade 17. FATHER'S NAME (First, Middle, Last)		computer	System	n Analyst			
		ranklin	Merri	++	Berth	E (First, Middle, Meiden	izabeti	h Ware
BE	19e. INFORMANT'S NAME (Type/Print)	Tankiiii				oute Number, City or Tow		
2	Yvonne E. Merritt	(sister)						Maryland 2091:
	209. METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State 20b.	PLACE AND DATE OF D elery, crematory or other Quantico	ISPOSITION /Na	me of	DATE 20c. LO	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF FACI	Latney		eral Home h.D.C.20011
	23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final	ist only one ceuse on ea	ich line.					interval Between
	disease or condition resulting in death) a.	CORUNGRAS Á	CONSEQUENCE OF):	ey D	reare -	- Judde	n De	oth Yrs
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Myo Can Due to (DR AS A Chronic	CONSEQUENCE OF):			28moTe		1 Vac
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):			Referen	tory	3 Yas
A	PART II. Other significant conditions	contributing to deeth be	ut not resulting in ti	ne underlying	cause given in P	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 PL	ACE OF DEATH (Chec	or only one)		
Sic	EXAMINER?	HOSPITAL:		THER:	5 - Residence 6			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, office	,	261. LOCATION (Street of City or Town, State)	and Number or F	Bural Route Number,
3 Suicide 6 Could not be determined Duilding, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time.								suse(e) end manner as stated.
BE	296. SICHATURE AND TITLE OF CERTIFIER		TENDING		29c. LICENSE NUMB	BER		GNED (Morth, Dey, Year)
10	30. NAME AND ADDRESS OF PERSON WHO ROBERT DIBIA	NCO MD	ATH (ITEM 27) (Type, Print (ARD) DLC	GY, V			HOSP.	TAKOMA PARK
	JUN 2 3 1993	32. REGISTRAR'S SIGNA	TURE					MB 20912

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a source after deans. The first than the death certificate be executed within a source after deans.	TO THE FUNERAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the full manner.	be filled writing 72 hours after death with the state Dept. Of nearth and mental hygiene prior to burid, demanding or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner im

ust be notified at once.

1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPA CERTII	RTMENT OF H		MENTAL HYGIEN REG. NO		20778	
1. DECEDENT'S NAME (First, Midd WILLIAM	J.	MOORE	JR.		JUNE 16,	1993	3. TIME OF DEATH 9:45 a.mm	
4. SOCIAL SECURITY NUMBER 424 05 5415 90. FACILITY HAME (If not institution)	XX M 2 □ F	6. AGE (In yrs. last birthday 69 YRS.	MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 03/01/24	A	BIRTHPLACE (State or Foreign Country) I_ABAMA Y OF DEATH	
	rsing Home		Largo	R LOCATION OF DE	AIR	111111111111111111111111111111111111111	e George	
Maryland Pr	10b. COUNTY 10c. CIT			y, town or location er Marlboro			10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO	
10. STREET AND NUMBER 11204 Homeste 11. Marital Status	ad Drive		101	101. ZIP CODE 20772			ed States	
11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	FORGERS 4 1	EVER IH U.S. ARMED YES 2 NO AR OR DATES UNK	If yes, spi	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 YES 2(XNO Specify:			4. RACE — American Indian, Black, Whita, atc. Specify: BLACK	
(Specify only high Elementary/Secondary (0-12)	1000	DUCATIOH ade completed)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retract.)			16b. KIHD OF BU	IHD OF BUSINESS/INDUSTRY		
12 17. FATHER'S NAME (First, Middle,	(mot) 6							
	ORE, SR.			LILLIAN		Quinerney		
WILLIAM J. MO  19a. IHFORMANT'S HAME (Type/F  WILLIAM MOORE	rint)				Route Number, City or Tov		ro, Md. 20772	
20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spe	20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cametery, cremetory or 1 Durial 24D Framation 3 Removal from State other place) OF TIMAN CONTRACTOR AND AND AND AND AND AND AND AND AND AND						ly or Town, State	
	21. SIGNATURE OF EUHERAL SERVICE LICENSEE  22. HAME AND ADDRESS OF FACILITY  ALEXANDER S. POPE FUNERAL HOME 2617 PA. AVE. S.E. WASH, D.C. 20020							
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	estre C	OF):	In Al	Idi	sere	interval Betweer Onset and Deatl	
25. WAS CASE REFERRED TO ME EXAMINER?  1   YES 2   NO  27. MANHER OF DEATH	PART II. Other significant conditions contributing to death but not resulting in the underlying of the significant conditions contributing to death but not resulting in the underlying of the significant conditions of					N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO ME	DICAL		26. PI	ACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	ER/Outpetlant 3 🗆 DOA	OTHER:	a 5 🗆 Rasidence	6 Other (Specify)			
TWINDIAN 5 POINT	28a. DATE OF (Month, De		INJURY M 1	RK?	28d. DESCRIBE HOW	IHJURY OCCU	PRED	
	28e. PLACE OI	F INJURY — At home, fern etc. (Specify)	n, street, factory, offic	1	26f. LOCATION (Street City or Town, State		r Rural Route Number,	
(oncon only	NG PHYSICIAN To the best of						cause(a) and manner as stated.	
San John San	1 cm	S OF DEATH (TYPE)	C Colors	29c. LICENSE NUI	MBER /	29d. DATE	SIGNED (Month, Day, Year)	
20. NAME AND ADDRESS OF PER	St. Feld-	13 Houndhan	9500	Arrono	is ne	LA	non mo 2076	
JUN 2 2 1993	grange throught	N'S SIGNATURE						

3. TIME OF DEATH

DHMH-16 Rev 1/89

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)	Mary Ethe	21	McCle:	llan	2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
9	4. SOCIAL SECURITY HUMBER 77-01-9289	5. SEX 6. AG	E (In yrs. last birthdi	MONTHS DAYS		7. DATE OF BIRTH (Month, Dwy, Year)	Cou	
ECTOR	9a. FACILITY NAME (If not institution, gips s	ARYLANDH	tospital		N OR LOCATION OF DE		9c. COUNTY OF	rth Caroli BEARTH GEORGE
DIREC	10a. STATE 10b. COUNTY Maryland Prir	nce George's		Forest				10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2902 Parkland Dr	rive			101. ZIP CODE 2074	7	U.S.A	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2XXNO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 TNO Specify		Bla Spe	CE — American Indian, ck, White, etc. cdy: .ucasian
IL LEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind life. Do NO	T'S USUAL OCCUPA of work done during T use retired.) emaker	TION most of working	166. KIND OF BUILDING	SINESS/INDUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Wallace Austor	Stewart				ME (First, Middle, Meiden ah Carolin		
2	19a. INFORMANT'S NAME (Type/Print) Robert C. Zue		19b. MAIL	ing address (Street 5808 Cen	t and Number or Rural I ter Drive	Camp Spri	ngs, Md	20748
	20s, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remote Constitution 5 Other (Specify)	oval from State	Ob. PLACE AND DA	TE OF OISPOSITION (PTIME THAC CEME	Name of etery 6		tland, M	
	21. SIGNATURE OF SIMERAL SERGICE LICENSES  22. NAME AND ADDRESS OF FACILITY Lee Funeral 6633 Old Alexander Ferry Rd							•
CERTIFICATION	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	E OF):		33 cNA	Disea	Interval Between Onset and De 3 dispay
MEDICAL	PART II. Other significant condition	s contributing to death		ng in the underly	ing cause given in	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	utpitlent 3 🗆 DQ/	OTHER:	PLACE OF OEATH (Che			
BY PH	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year,	)	M 1	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCURED	
0	3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, feri pecify)	m, street, factory, of	lice	281. LOCATION (Street a City or Town, State)		Route Number,
COMPLETE		CIAN: To the best of my kno						(e) and menner as stated
O BE	296. SIGNATURE AND TITLE OF CERTIFIER	Frelds	whit	?	DOL9		29d. DATE SIGNE	0 (Morth, Day, Year) - 17, 1993
5	7. L. Flesdese 31. DATE FILEO (Month, Day, Year)	COMPLETED CAUSE OF DE MAN AND COMPLETED CAUSE OF DE COMPLETED CAUS	Br	AN ely	NE-WALD	MB 3	RALCE	N'TER
	JUN 2 2 1993	Gruna Dav	Idson-Rand	المالات				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	5
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	INCENTAL OR ATTENIDING DUVELCIAM: Th
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 30A M YEAR Dicie Jane McRae 6-15-93 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign (Month, Day, Year)
August 17,1912 North Carolina DAYS 1 M 2 TF 239-01-4315 the burial-transit permit. Pages 1. 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 5408 Silver Hill Rd. #206 Suitland Prince Georges 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Oxon Hill 1 YES 2 XNO 10e. STREET AND NUMBER 101 ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? 619 Hampton Drive 20745 U.S.A. maked by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 🕅 Widowed 4 🗌 Divorced Black COMPLETED 16s. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade detached for Elementary/Secondary (0-12) College (1-4 or 5+) 8th N/A Homemaker Home at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 2 French Flovd Bertha Taylor BE 160 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward McRae Same as 10 A-F 2 20a. METNOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE ours after death. Page of the funeral discuss Fai Cemetery 6-20-93 Fairmont N.C. rmont 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner led in by the funeral d 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md20735 Marin medicai 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reapiretory erreat, the attending physician and completely filled in by it Mental Hyglene prior to burial, cremation, or remo Approximate shock, or heert fellure. Liet only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death or other traumatic event, the disease or condition resulting in death) Condiac arest.

DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):
Pryphal Vascal 4 CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in deeth) LAST item 23 shows any injury, PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO t. of I has be Dept. c PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending 1 YES 2 NO BY After t death 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / BE COMPLETED 4 Homicide If item 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

5 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e). FUNERAL I 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER THE P 29d. DATE SIGNED (Month, Day, Year) Da amo. 10-14-9 PRA 04() 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF GEATN (ITEM 27) (Type, Print) Khosrow Davachi, M.D. 1328 Southern Ave. SE #207 Wash. D.C. 20010 32 REGISTRAN'S SIGNATURA PANDER

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BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		ACGISTRAN		CERT	IFICAL	E OF DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)		-				TE OF DEATH		3. TIME OF DEATH
		Zoik Ex	una	Matr	5001.	(4)	MOI	DAY	-C YEAR	7.70
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho		ER I YEAR   IF UNDER 24 HI	es 7 DAT	TE OF BIRTH	1 0 000	THPLACE (State or Foreign
		traile al	1 🗆 M 2 😿 F	/ A YR	MONTHS	T T		onth, Day, Year)	_ ACO	intry)
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Should	-	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CIT	Y, TOWN OR LOCATION O		1	c. COUNTY OF	DEATH
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- "	5	RESIDENCE OF DECEDENT								1911/211
Pages	12	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCATION		1.		10d. INSIDE CITY LIMITS?
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permit.	4	10e, STREET AND NUMBER	11			10f. ZIP CODE		1 1	log. CITIZEN O	WHAT COUNTRY?
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physician. burial-transit	Z	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. ARMED	1 40	100/	~		30H1	EMALH
Huria	ᇤ	1 Never Married 2 Married	FORCES? 1	YES 2 NO	13	. WAS DECENDENT OF HIS It yes, specify Cuban, Me	xican, Pueri	ally? (Specify Yea or to Rican, etc.)	No — 14. RA	CE — American Indian, ack, White, etc.
	B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1X YES 2 INO S	pecify:	_ , , ,	Sp	ecity:
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detached once.	COMP	17. FATHER'S NAME (First, Middle, Last)	/		4	18. MOTHER'S	NAME (First	t, Middle, Maiden Sur	name)	
	m l	UNKNOW	$\Lambda$			TRO.S	AR	MOI	ARD	nallIN 1
5 should be	00	19a, INFORMANT'S NAME (Type/Print)		19b. MAII	ING ADDRES	S (Street and Number or Ri	unal Bourba Alu	imber City or Found	State Zin Coolel	7
pe retained by ge 5 should be e notified at	일	11111 An Be	7/17/201	000	× /	1 the T	C 1	innon, only or lown, s	State, Zip Cooe)	10 m 0
		20a. METHOD OF DISPOSITION	013/10/	2 700	2/ - /	16 - 51,	SIL	VER ST	RING.	MD 20012
rage b may al director, pa ner must b		1 Burial 2 Cremetton 3 Reme	oval from State	20b. PLACE AND DA			D/	ATE 20c. LOCAT	TION - City or	Town, State
is and oeam. Page o m n by the funeral director, removal. dical examiner musi		4 Donation 5 Other (Specify)			7	AMILY	i	SANS	ARE.	FUATMALA
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anel deam.  y the funer.  noval.  cal exami		> /1 ]-/ // // m	920			N, HBACO	N, F	UNERG	C Ha	ME
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completely fills are cremation.	1 1	reaulting in death)	DUE TO	OR AS A CONSEQUENC		2010	<u>~</u>	1600	in	
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100	EDICAL	PART II. Other significent condition	contributing to	death but not resulti	ng In the u	nderlying ceuse given	in Part i.	24a. WAS AN AUT PERFORME		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
D E E	일							1 YES 2		COMPLETION OF CAUSE
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Dept 23	A I	25. WAS CASE REFERRED TO MEDICAL								
ate tate	호	EXAMINER?	HOSPITAL:	/	OTHE	28. PLACE OF DEATH	(Check only	one)		
rtific he S	ΥS	ES 2 NO	1   Inpatient 2	ER/Outpetlent 3 DO		rsing Home 5 - Residen	ice 8 🗆 Oti	her (Specify)		
s ce ith th	PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF (Month, Da		TIME OF INJURY	28c. INJURY AT WORK?	28d. D	EŞCRIBE HOW INJU	IRY OCCURED	
arte arte	ВУ	1 Natural 5 Pending	(Monan, De	y, 10a1)	M	1 YES 2 NO				500
Afte deat		• • • • • • • •	28a. PLACE OF	INJURY — At home, fer	m, street, fac	tory, office	281.10	CATION (Street and	Mumber or Pure	I Doude Number
DIRECTOR: After this certificate has be bours after death with the State Dept. tem 28 is marked, or Item 23	G	4 Homicide 6 Could not be	building,	etc. (Specify)		,	Cit	ty or Town, State)	Moniber of Flore	THOUSE IVAINOUS.
REC	<u> </u>	DA CENTIFIED								
	COMPLET					time, data and place, end				
FUNERAL Within 72	S I	MEDICAL EXAMINE	: On the basis of ex	amination and/or investig	ation, in my	opinion, death occured at	the time, de	ite and place, and d	us to the cous	e(a) and manner as stated.
THE FUNER filed within		29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE				
TO THE be filed w	BE	7 Q C	7 6		la -	TAC. LIVENSE			PO. DATE SIGNI	ED (Month, Day, Year)
2 6 % ₹	2	20 NAME AND ADDRESS OF SERVICE	and and	X	m	C 100	18	46	6-	1775
	* 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS			6		D	- to	rela mol .
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rater death. Page 6 may be retained by the hospital or attending	se as ti		
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MEDICAL CERTIFICATION

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH ELIZABETH McWILLIAMSON 5:50 PM 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 220-03-4705 1 - M 2 K F Jan. 4, YRS. 73 1920 Washington, DC 9a. FACILITY NAME (If not institution, giratered end number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park Montgomery RESIDENCE OF DECEDENT 10b. COUNTY Mc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Hyattsville 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5902 36th Avenue 20782 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPAIN ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Morried If yes, specify Cuban, Mexican, Figerto Rican, atc.) IF YES, GIVE WAR OR DATES Specify: 1 TES 2 NO 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 12 Bookkeeper / Secretary Retail Sales 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Arthur F. Goode Mary E. Kleh 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John L. McWilliamson 2909 Gracefield Road, Silver Spring, MD 20e. METHOO OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 8 Other (Specify) Gate of Heaven Cemetery 6/21/93 Silver Spring, Maryland 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Pleacles 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart feliure. List only one cause on each line. Approximata Interval Batween Onset and Death IMMEDIATE CAUSE (Finel CARCINOMA disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): METASTASIS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO CEMI COMPLETION OF CAUSE 1 TYES 2 NO

			1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)
1 YES 2 NO	HOSPITAL: 1 prinpatient 2 ER/Outpatient 3 1	OTHER: OA 4 Nursing Home 5 Residence	8 Other (Specify)
7. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	b. TIME OF INJURY AT WORK?  M 1 YES 2 ND	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, building, atc. (Specify)	erm, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

29e. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner se stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

019897 29d. DATE SIGNED (Month, Day, Year)

VT for	019897	1 6. F93
N. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Rose, Print)  V. SINGH 7239 A Hansker Parnway	Cereenleelt (	nd 20770

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Jedia Davidson-Randalle JUN 2 1 1993

BALTIMORE, MARYLAND 21215-0020	hours after death. Page & may be retained by the hospital or attending physician. And in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoot or removed.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 27 hours after death with the State Dear of Health and Mental Horizone prior to hurial researching or served.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

9	3	20	78:	3 '				
<u>, 199</u>	3		00 P	м				
926 W	ashi	ngt	or Foreign	, DC				
Montg								
	10		2 🗌 NO					
10g. CITIZEN OF WHAT COUNTRY? U.S.A.								
or No— 14.	RACE — Black, W Specify:	Americe hite, etc. Whi						
cab C	ГЯУ							
Surneme)								
ray								
State, Zip Co. Ville,	MD	20	782					
ation — city timore			and					
eral :			A. 20781					
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leses	ry							
UTOPSY NED?	AWA	RE AUTO	PSY FINDIN	GS .				

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		3	20783
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	DONALD COOPE	R McMILLAN		June 16, 1993 10:00 P					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	,	8. BIRTH	PLACE (State or Foreign
	218-20-1787	1 🖾 M 2 🗆 F 6	6 YRS. MO	NTHS DAYS	HOURS MIN.	July 16,		Country	nington, DC
	9e. FACILITY NAME (If not institution, give	street end number)	98	. CITY, TOWN C	R LOCATION OF D		9c. COUN		
DIRECTOR	Potomac Valley Nu	rsing Home		Rockvi	lle_		Mont	gome	ry
S	10e. STATE 10b. COUNT	ry	10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
H	Maryland Mont	gomery	Rock	ville					LIMITS? 1 X YES 2 NO
AL	100, STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	1235 Potomac Val	ley Road		_	20850		U.S.	Α.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13, WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye		14. RACE	- American Indian, White, etc.
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 X NO Specif	an, Puerto Rican, etc.) fy:		Specif	y:
	15. DECEDENT'S EDU	ICATION							White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	le completed)	(Give kind of work life Do NOT use n	done during mo.	n it of working	16b. KIND OF BU	SINESS/INDU	JSTRY	
PLI	9	College (1-4 or 5+)	Taxi Driv	er		Private	e Cab	Comr	anies
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Melden	_		
BE C	Samuel Mace McM	ſillan			Effi		Gray		
TO B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, State, Zip	Code)	
F	Edith M. Thompso	n	5701 Ja	mestow	n Road,	#1, Hyatts	sville	, MI	20782
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren	noval from State Cen	p. PLACE AND DATE OF D	nlecel		1	OCATION — C		
	4 Donation 5 Other (Specify)	MI	State An	atomica		6/18/93 Ba	ltimoı	re, l	Maryland
	21. SIGNATURE OF FORENZE SERVICE LI	CENSEE	Λ	Franc:	ADDRESS OF FA	's Sons Fu	neral	Hom	e, P.A.
	Charles	T, Bell	4	4739 1	Baltimor	e Ave., Hya	ttsvi	11e,	
	23. PART I. Enter the diseeses, pr shock, pr heert fellure.	complications that cause on a	d the deeth. Do not each line.	enter the mo	de of dying, suc	ch as cardlec or resp	iretory erre	est,	Approximate intervel Between
	IMMEDIATE CAUSE (Finel disease or condition	and.	(	2	1				Onset and Death
	resulting in deeth)	· anall	rc u	No.	//				immed
_		C: Old As /	CONSEQUENCE OF	di	110	ulas	de		
O	Sequentially list conditions,	DUE TO AS AS	GONSEQUENCE OF:	OVIC	, va	muy	Ulse	M	4
CAT	If any, leading to immediate cause. Enter UNDERLYING	dialul	15 m	ellu	lux				
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR ALL	CONSEQUENCE OF:						
CERTIFICATION	resulting in death) LAST	d							
AL C	PART II. Other significent condition	ns contributing to deeth b	ut not resulting in t	he underlying	ceuse given in	Pert I. 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2						PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES	Z [] NO		OF DEATH?  1 YES 2 NO
ä									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
ž l	1 YES 2/Y NO	HOSPITAL: 1   Inpatient 2   ER/Outs		MER: Nursing Home	5 🗆 Reeldence	6 Other (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O			26d. DESCRIBE HOW	INJURY OCCI	URED	
'n	1 Natural 5 Pending Investigation			M 1 🗆 Y	ES 2 NO				
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree city)	t, factory, office		281. LOCATION (Street City or Town, Stete)	end Number o	or Rural Ro	oute Number,
<u> </u>	DO CENTERED A								
COMPLET	(Check only	SICIAN: To the best of my know	ledge, death occurred a	the time date	end place, end dus	to the cause(s) and ma	nner ss state	d.	
8		Elis-Orrathy-Desits of examination	n and/or investigation,	me ogmion, de	ath occured at the	time, dats end place, er	nd due to the	ceuse(s)	and manner es stated.
BE	296. SIGNATURE AND JUTLE OF CHIEFLINE	VIII)	11	/	29c. LICENSE NUI	MBER			(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ANH (ITEM 29) (Sale Day		VUII	80	J	une	17, 1993
	Dr. Walter Goozh,				Wheaton	Marviland			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			wileacoll	, Haryranu			
	JUN 2 1 199	32. REGISTRAN'S EIGH	Idon-Manage	•					

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUN 2 1

1993

Irolia Davidson-Randalle

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTINORE, MARYLAND 21215-0020
The HOSPIN. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 hay be retained by the hospital or attending physician. The TANERAL DRECOR: After this certificate has been signed by the attending physician and completely filled in by the fundral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find with the State bept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	3	2	0	7	8	4

1 - STATE REGISTRAR		C		ICATE (			MICH	REG. NO			
1. DECEDENT'S NAME (First, Middle, L								E OF DEATH			3. TIME OF DEATH
Edward	McIVER					MON		14 1993		6:30P	
4. SOCIAL SECURITY NUMBER	S. PIGIL (III yis. last Difficiely) IF ORDER 1 YEAR   IF UNDER 24 HRS.				7. DAT	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign		
293-44-2114	<b>X</b> [X] M 2 □ F	45	YRS.	MONTHS D	WS HOUR	S MIN.	12	/21/1	947	Nor	th Caroli
90. FACILITY NAME (If not institution,	ive street end number)			9b. CITY, TO	WN OR LOCA	ATION OF D		, , -		UNTY OF D	
Doctors Comm	unity Ho	spital		Lanh	am,	Mary	lan	d	Pr	ince	Georges
RESIDENCE OF DECEDEN									1		
10a, STATE 10b, CO			10c. CH	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
	nce Geor	ges	La	nham				16		ſ	1XXYES 2 NO
10e. STREET AND NUMBER					101. ZIP CC						VHAT COUNTRY?
7207 Kempton	Road				20	706			U.	S.A	•
100. STREET AND NUMBER 7207 Kempton 11. MARITAL STATUS	12. WAS DECEDE FORCES?	NT EVER IN U.S. A	RMED TMO	13. WAS	DECENDENT s, specify Cu	T OF HISPAI	NIC ORIG	IN? (Specify Ye	e or No-	14. RACE	- American Indian, White, etc.
Never Married 2 Merried 3 Widowed 4 Divorced		WAR OR DATES			YES 2X			rsicari, arc.)		Specif	
	<u> </u>									<u> </u>	Black
15. DECEDENT'S (Specify only highest of	EDUCATION rade completed)	(	Give kind of	Work done during	PATION of most of wo	rking	16	b. KIND OF BL	ISINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT u								
	4		PH	YSICI						IT.	
17. FATHER'S NAME (First, Middle, Last								Middle, Maider	Sumame)		
LEONIA MCIV	ER				1	MARY	AC	KER			
19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRESS (St	reet end Numi	ber or Rural	Route Nur	nber, City or Tox	vn, State, Z	(ip Code)	
RUBY D. McI	VER		7207	KEMP	TON	RD.	LAN	HAM,	MARY	LANI	20706
20e. METHOD OF DISPOSITION  1 Burial 2XX Cremetion 3	Removal from State		E AND DATE	OF DISPOSITIO	N (Name of		OA	TE 20c. L0	CATION -	- City or To	wn, State
4 Donation 5 Other (Specify)	80073			S CRE	мато	RY	5-	19 RT	VERI	DALE	MARYLAN
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE	1	0.000300	22. NAM	E AND ADD	RESS OF FA	CILITY				
1110113	1110 X	MA	140	2	J.B.	JEN	KIN	S FUN	ERAI	L HON	1E
23. PART I. Enter the diseases,	or complications th	at caused the	eath. Do	not enter the	mode of c	VDOV	ER haa ca	RD. L	ANDO	VER	MD20785
anock, or neert failt	ire. List only one ca	use on each lin	16.			ymg, odo	,	ratac of reap	matory a	meet,	Interval Between
IMMEDIATE CAUSE (Final disease or condition	C 00	2.00			4 1 1						Onset and Deatl
resulting to death)	DUE TO	-DIOA	ULI	AUDI	24	A	2174	LES	1		HINDLE
	_	ON AS A CONS	EOUENCE O	r).							
Sequentially list conditions,	b	OR AS A CONSE	EQUENCE O	FI:							
if any, leeding to immediate cause. Enter UNDERLYING		,		,							
CAUSE (Disease or Injury that Initiated events	C. DUE TO	OR AS A CONSI	EOUENCE O	F):							<u> </u>
resulting in desth) LAST											
	0.										
PART it. Other significant condi					lying cause	given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MULTIP	-E 50	IFR	0515					1 DA ES	NO	)	COMPLETION OF CAUSE
								1 PACES	ME	.	1 YES 2 NO
										2	
25. WAS CASE REFERRED TO MEDICA				2	6. PLACE OF	DEATH (Ch	eck only o	ne)			
1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing	Home 5	Residence	a $\square$ Oth	er (Snecify)			
27. MANNER OF DEATH	28a. OATE O	F INJURY	28b. TIM	E OF 28d	INJURY AT			SCRIBE HOW	INJURY O	CCURED	
1 Netural 5 Pending		Day, Year)	IN.	M 1	WORK?	□NO					
2 Accident Investigati	28e. PLACE (	OF INJURY - At h	ome, ferm,	street, factory,	office		281. LO	CATION (Street	and Numbi	or Rumi R	nute Number
4 Homicide determine	pullding	, etc. (Specify)					City	or Town, Stete	)	o or reards to	oute Hamber,
290. CERTIFIER											
(Check only	IYSICIAN: To the best o										
2 MEDICAL EXAM	fINER: On the basie of o	examination and/or	rinvestigatio	n, in my opink	on, death occ	cured at the	time, dat	e end place, er	nd due to t	the cause(s)	end manner as stated.
29b. SIGNATURE AND TITUE OF CERT	FIER	4			29c. LI	CENSE NUM	MBER	^	29d. DA	TE SIGNED	(Month, Day, Year)
_///-	7c-1				D	31	06	9	▶ €	Tin	e14-92
30. NAME AND ADDRESS OF ERSON	WHO OPMPLETED CAU	SE OF DEATH (IT	ЕМ 27) (Туре,	Print)	LC	206	ZIN	( N	5 2	07	26
DR Colore	e Dane	910	02	F	land	101	44	her R	inc	3 Hi	ahway
31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE								1	)

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	REGIST	TRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	OINIE OI I	CEF	RTIF	ICATE	OF D	FATI	יווח שוי	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					<u> </u>		_	. DATE OF DEATH			3. TIME OF DEATH
	ROSE MARY MCMILLAN 07 11 93								7:15 A			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bi					. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign	
	218-30-0316	1 M 2   F	67	YRS.	MONTHS D	MYS HC	JURIS	MIN.	XX 11-14-	-25		thurg. MD
~	9a. FACILITY NAME (If not institution, give str	set and number)			9b. CITY, TO	OWN OR L	OCATION				NTY OF DE	
5	SACRED HEART HOS	PITAL			CUMB	ERLA	ND			ALI	LEGAN	Y
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I	LOCATION						10d. INSIDE CITY
	MD All	egany		Mid	lland							LIMITS? 1 YES 2 NO
BY FUNERAL	10a. STREET AND NUMBER					10f. ZIF	CODE			10g. CIT	IZEN OF W	THAT COUNTRY?
LER	Box 162 Dans Roc	k Rd.				2	1542	2		US	SA	
FU	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARME	D	13. WA	S DECEND	ENT OF I	HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)		14. RACE	- American Indian, White, etc.
34	3 Widowed 4 Divorced	IF YES, GIVE W				YES 2			roento Micani, etc.)		Specif	<b>y</b> :
	15. DECEDENT'S EDUC	ATION	16a, OFCE	DENT'S	USUAL OCCL	IPATION			16b. KIND OF BUS	THESE WAY	Whit	e
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 -	(Give	kind of	work done duri	ing most of	working		166. KIND OF BUS	NE35/INL	JUSTRY	
IPL	12	College (1-4 of 5 4		act	er's	Δido			Educati			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-401				'S NAME	(First, Middle, Maiden			
BE	Britton B. Bucka	lew_						Mary	M. Hanse	1 R <sub>1</sub>	icka1	Q7.7
0	19a. INFORMANT'S NAME (Type/Print)	120	19b. N	AAILING	ADDRESS (S	treet end N			te Number, City or Yowi			
-	Donor Information	n Sheet										
	20e. METHOD OF DISPOSITION 1	val from State	20b. PLACE AND cemetery, cremet			ON (Name o	of		DATE 20c. LO	CATION —	City or Tov	wn, State
	4 X Donation 5 □ Other (Specify) Re		WVU-		. Omes				7-11-93	Morg	anto	vn. WV
	11/1/	/				ME AND A						
	10/1	_						_	ntown, WV		506	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Death disease or condition resulting in death)  Approximate interval Between Onset and Death											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d.											
PHYSICIAN: MEDICAL	APRIS V Ch Che Xil 1 YES 2 DANG OF DE								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE	OF DEAT	TH (Check	only one)			
YSIC		HOSPITAL:	ER/Outpetlant 3 🗆	DOA	OTHER:	Home 5	Resid	ence 8	Other (Specify)			
H	27. MANNER OF DEATH	26e. DATE OF (Month, Da		8b. TIM		c. INJURY WORK?			d. DESCRIBE HOW IN	JURY OC	CURED	
В	1 Natural 5 Pending 2 Accident Investigation				M 1	YES	2 🗌 N	ю				
	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHOCK Only 2 MEDICAL EXAMINER											and menner ea stated
	296. SIGNATURE AND TITLE OF CERTIFIER							E NUMBE			-	(Month, Den Year)
BE	/ \ A	( AN)	1/4	1	N	17	10	7 (	156	DAIL	7 /1	1 / 4 ?
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAME	E OF DEATH TEM 2	7) (Type,	Print)		1		10 1		//	1/1
	31. DATE FILED (Mppy) (Por/7 100	2 32. REGISTRA	R'S SIGNATURE	notes	R-	UM	1	ul	mel	_	M	2 2/50
	20F 7 (198)		The state of		,					(		

and drain. Page 6 may be retained by the hospital or attending physician.

With home of director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour art draft. Page 6 may be retained by the attending physician and complete, fined have the function page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creming in the state of the contribution of the state o

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,		٠
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re retained by the hospital or attending physician. TO BE COMPLETED BY FUNERAL DIRECTOR ORE MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal. Pres 6 mm for retained by the hors TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the human. The press 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 20700

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	CATE (	F HEALTH AND	MEN	TAL HYGIEN		3	20786
	1. DECEDENT'S NAME (First, Middle, Les George Robert Mi					2. D.	ate of DEATH		EAR	3. TIME OF DEATH 7:07 p.
	4. SOCIAL SECURITY NUMBER	1	(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS	7.04	TE OF BIRTH	I a	BIRTHE	PLACE (State or Foreign
	164-05-7091	1 🔀 M 2 🗆 F	79 YRS.		NYS HOURS MIN		v 16,19	13	Country	PA
<u>م</u>	9a. FACILITY NAME (If not institution, give	street and number)			WN OR LOCATION OF	DEATH		9c. COUNTY		ATH
5	Heron Point			Ches	tertown			Ne	nt	
DIRECTOR	10a. STATE 10b. COU	YTY		TOWN OR L					Т	10d. INSIDE CITY LIMITS?
	PA  100. STREET AND NUMBER		GLe	n Mil				T		1 YES 2 NO
FUNERAL	1080 Forest Lan	Δ.			101. ZIP CODE 19342			10g. CITIZE	USA	HAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.SARMED	13. WAS	DECENDENT OF HIS	ANIC OR	GIN? (Specify Ver	or No. 1 14		- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	24 NO	If yo	s, specify Cuban, Mex YES 24 NO Sou	Ican, Pue			Black,	White, atc.
) BY	3 Widowed 4 Divorced								W	hite
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed)	16a. DECEDENT'S to (Give kind of we life. Do NOT use	ork done durin	PATION g most of working		16b. KIND OF BU	SINESS/INDUS	TRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		,			Dania			
NO.	17. FATHER'S NAME (First, Middle, Last)		Archite	CT	18 MOTHED'S	NAME /E/	Design			
	Frank Wesley	Magargee					losenber			
BE (	19a. INFORMANT'S NAME (Type/Print)	- 8	19b. MAILING	ADDRESS (St	reet and Number or Rui			-	rde)	
2	Albert Simkins				Road, Ha				,	
	20a METHOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Re	emovel from State	b. PLACE AND DATE O	FDISPOSITIO	N (Name of	0	ATE 20c. LO			
	4 Donation 5 Other (Specify)		relery, cremetory or oth Fernwood				.993 R	loyersi	ord	, PA
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Fe 1	lows-Well	FACILITY S Ft	meral H	lome.		
	Lary Lo	Tellosus		413	High St.	, Che	stertow	m,MD	216	20
	23. PART I. Enter the diseases, o ehock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)	a. MCTHT DUE TO (OR AS A	ach line.							Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	A CONSEQUENCE OF)		1.00					
Ë	resulting in death) LAST	d								
MEDICAL	PART II. Other eignificant condition	ona contributing to death b	out not reaulting in	the under	lying cause given	In Part i	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (					
1×S	1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 28b. TIME		Home 5 Residence	-			-	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY	WORK?	200.	DEŞCRIBE HOW I	NJUHY OCCUP	EU	
) BY	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF INJURY	/ — At home, farm, st			281. L	OCATION (Street a	and Number or	Rural Ro	ute Number,
TED	4 Homicide detarmined	building, etc. (Spe	cify)				Hty or Town, State)			
COMPLET		SICIAN: To the best of my know NER: On the basis of examination							ause(a)	and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE N	UMBER		29d. DATE S	GNED (	Month, Day, Year)
TO B	Jest C- Dr				17-130	824		D 6	-30	93
F	John Seymour, C			Print)	,					
30	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		2		-				

John Tondon Holland

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DHMH-16 Rev 1/89

BALLIMORE, MARTLAND ZIZIS-U020	ained by the hospital or attending physician,	is certificate has been signed by the attending physician and completely filled in by the funeral director, mape is abound by described for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal,
1	n 24 hours after death. Page 6 may be re	ly filled in by the funeral director, uage 5 ation, or removal,
Citizen of HIAL NECONDS, T.O. BOA 80780,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Frage thing the retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeti be filed within 72 hours after dealh with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,

_	1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		70 20101					
Г	1. DECEDENT'S NAME (First, Middle, Last) Edgar	R	mck	INhev	2. DATE OF DEATH DO NORTH DO N	0 199						
		6. SEX 8. AGE (In yr.	S. last birthday) IF UN YRS. MONTH	DER 1 YEAR WUNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dm); Your) 10-18-192	8. 8	BIRTHPLACE (State or Foreign Journsy) Maryland					
TOR	90. FACILITY NAME (If not Institution, give stree HORFORD ME RESIDENCE OF DECEDENT	emorial Ho	spital H	AVRE DE	GRACE.	Ha R	FOR J					
DIRECTOR	10e. STATE 10e. COUNTY Maryland Ceci	1		N OR LOCATION			10d. INSIDE CITY LIMITS?  1 X YES 2 NO					
FUNERAL	100. STREET AND NUMBER 222 E. Thomas Aven	ue		10f. ZIP CODE 21901			of what country?					
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 \( \times\) YES 2 IF YES, GIVE WAR OR DATES US Army Worl	□ NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	or No- 14.1	RACE — American Indian, Black, White, atc. Specify: White					
LETED		(ION   16a	Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUS	SINESS/INDUSTI						
OMPL.	12.  17. FATHER'S NAME (First, Middle, Last)	0	Clerk				iquor Store					
H	Reed McKinney				AME (First, Middle, Meiden Foracker	Surname)	lumame)					
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADOR	ESS (Street and Number or Rural		n. State, Zip Codi	e)					
<b>%</b> -	Verna A. McKinney		222 E. I	homas Avenue	, North Eas	it, Mar	yland 21901					
	20a. METHOD OF DISPOSITION  1											
examin	22. NAME AND ADDRESS OF FACILITY Robert T. Crouch - Crouch Funeral 127 South Main Street, North East,											
int, the medical	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in desth)	it only one cause on each	e desth. Do not en line. Dio full	er the mode of dying, such	ARES 7	ratory arrest,	Approximeta Interval Between Onset and Death					
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COM	CUTE	M.I.								
3 3	that initiated events resulting in death) LAST	AUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of — MII — CAD	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
AN S	- ANGINA- 25, WAS CASE REFERRED TO MEDICAL											
YSICI,	EXAMINER?	OSPITAL:	ОТН									
H.	27. MANNER OF DEATH	NER OF DEATH 286. DATE OF INJURY 286. TIME OF 28C. INJURY AT 28d. DESCRIBE HOW INJURY OCCURE										
BY PH	1-Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK7 1 YES 2 NO								
TED TED	3 Suicide 6 Could not be 4 Hornicide determined	26e. PLACE OF INJURY — A building, atc. (Specify)	M home, farm, street, f	actory, office	261. LOCATION (Street a City or Town, State)	nd Number or Ru	ıral Route Number,					
MPURIANT: IT ITEM 28 IS O BE COMPLETED		N: To the best of my knowledge On the basis of examination end					see(a) and manner as stated.					
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Simile A	11).	29c. LICENSE NU	800	▶ 6.	NED (Month, Day, Year)					
	THOMAS A. Bion		UNG	319 5.CM	low Aut,	Hd6;	Md, 21078					
	JUL 0 1 '93	32. REGISTRAR'S SIGNATUR	pleke		· · · · · · · · · · · · · · · · · · ·							

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	CHARLES	Aiddle, Last)	. MOG.	NEY					2. Di	ATE OF DEATH	30	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1		IF UNDER 24 HRS.		TE OF BIRTH		8. BIRTHE	PLACE (State or Foreig
	165-12-6594		1 ₺ M 2 □ F	75	YRS.	MONTHS	DAYS	HOURS MIN.		-26-19		Penn	) Isylvania
00	9e. FACILITY NAME (If not Institution, give street and number)				9b. CITY, T	OWH D	R LOCATION OF	DEATH		9c. COU	NTY OF DE	ATH	
CTOR	316 Rolling Avenue						North East Cecil						
DIREC	10e. STATE 10	10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
	Maryland	Cec	<u>il                                     </u>		No	rth Ea	ast						1 TES 2 NO
ERAL	10e. STREET AND NUMBER	A					_	ZIP CODE			10g. CIT	IZEN OF WI	HAT COUNTRY?
FUNE	316 Rolling	Aven	12. WAS DECEDEN	T EVER IN U.S.	IRMED	12 44	_	21901 ENDENT OF HISPA	ANIC OB	ICINI2 (Caralle			tates
	1 Never Married 2 Ma		FORCES? 1	YES 2 AR DR OATES	NO	If y	res, spe	city Cuben, Mexic 2 X NO Spec	can, Pue	rto Rican, etc.)	res or No-	Black,	- American Indian, White, etc.
BY	3 ★ Widowed 4 Divorced World War II							ZAJ NO Spec	му.			Spec/fy	White
ETED	(Specify only hi	(Specify only highest grade completed) ((				USUAL OCC work done dur	UPATIO	N st of working		16b. KIND OF I	USINESS/IN	DUSTRY	
	Elementary/Secondary (0-12	2)	College (1-4 or 5	')	to. Do NOT u			0		77 1	-		
Once.	17. FATHER'S NAME (First, Middle	dle, Last)	0	n	aruwa	re sto	)re	Owner	AME (Fir	Hardw		tore	Owner
20 III	Charles R. M	Charles R. Mooney						Mabe1			on containe,		
TO BI	19a. INFORMANT'S NAME (Type					ADDRESS (S	Street er	nd Number or Rura			own, State, Zip	p Code)	
Pe Be	John S. Herwick 117					Mosswo	ood	Court,	Arn	old, M	D 210	12	
must b	20e. METHOD OF DISPOSITION 1 Note: 1 Cremation	3 🗆 Rem	oval from State	cemetery, c	remetory or o	OF DISPOSITI		me of	1		LOCATION -		70.000
	4 Donation 5 Other (Sc 21. SIGNATURE OF FUNERAL &	CONTRACTOR OF THE PARTY OF THE	EMIET	Calva	ary C	emeter		ADDRESS OF S		/3   Me	dia,	Penns	ylvania
examiner	22. NAME AND ADDRESS OF FACILITY Robert T. Crouch - Crouch Funeral							1 Home					
it, the	disease or condition resulting in death)  a												
traumatic event,	Sequentially list condition if any, leading to immedia cause. Enter, UNDERLYING	inte G	b				- L		91	•			
er traumatic	Sequentially list condition if arry, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	b. OUE TO	(OR AS A CONS	EQUENCE O	F):		0					
hows any injury, or other traumatic MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or Injury that initiated events	ate G	b. OUE TO	(OR AS A CONS	EQUENCE O	F):		0		. 24s. WAS	ORMED?		WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
hows any injury, or other traumatic MEDICAL CERTIFICATION	Sequentielly list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED, TO M	condition	oue to oue to d. s contributing to	(OR AS A CONS	EQUENCE O	F): F): In the unde	erlying	0	n Part I	24a. WAS. PERF 1 □ YES	ORMED?		MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
liem 23 shows any injury, or other traumatic SICIAN: MEDICAL CERTIFICATION	Sequentielly list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	condition	b. OUE TO	(OR AS A CONS (OR AS A CONS) deeth but not	EQUENCE O	F): In the unde	erlying 26. PL/	ceuse given la	n Part I	24a. WAS PERF	ORMED?		MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
or Item 23 shows any Injury, or other traumatic IYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	condition CO F	OUE TO OUE TO d. s contributing to	(OR AS A CONSI	EQUENCE O	F): In the unde	erlying 26. PL/	ACE OF DEATH (C	n Part I	24a. WAS PERF	2 NO		MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Item 23 shows any Injury, or other traumatic SICIAN: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Per 1 Netural 5 Per 2 Accident	condition CO F	oue to  oue to  oue to  d.  s contributing to  HOSPITAL:  1   Inpatient 2    28e. DATE OF (Month, D	(OR AS A CONS)  (OR AS A CONS)  deeth but not  ER/Outpetient INJURY By, Year)	EQUENCE O  resulting  3 DOA  28b. TIM	OTHER: 4   Nursing	26. PL/ g Home WOFF 1Y	ACE OF DEATH (C) 5 G Residence JRY AT RK? ES 2 G NO	heck only	24a. WAS. PERF 1	ORMED? 2 NO	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1  YES 2 NO
marked, or Item 23 shows any Injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Per Investigation of the condition of the condition of the cause of	condition  CO F  CLT  MEDICAL	DOUE TO OUE TO d. s contributing to  HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D) 28e. PLACE O	(OR AS A CONSI	EQUENCE O  resulting  3 DOA  28b. TIM	OTHER: 4   Nursing	26. PL/ g Home WOFF 1Y	ACE OF DEATH (C) 5 G Residence JRY AT RK? ES 2 G NO	n Part I	24a. WAS. PERF 1 VES	DRMED? 2 NO VINJURY Oct	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1  YES 2 NO
marked, or Item 23 shows any Injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Per Inventor Suicide Su	condition  Condition  Condition  Condition  Condition  Condition  MEDICAL	b. OUE TO c. OUE TO d. s contributing to  HOSPITAL: 1   Inpatient 2    28e. DATE OF (Month, D)  28e. PLACE O building,	(OR AS A CONSI  (OR AS A CONSI  deeth but not  ER/Outpetient INJURY INJURY INJURY  etc. (Specify)	resulting  3 DOA 28b. TIM.	OTHER: 4   Nursing EOF   28	28. PL/ g Home g Home t Mor 1 U Y,	ACE OF DEATH (C	n Part I	24a. WAS PERF 1 YES Tone)  Ther (Specify) DESCRIBE HON OCATION (Streen, Sta	DRMED? 2 NO VINJURY Oci	CURED  r or Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1  YES 2 NO
I item 28 is marked, or item 23 shows any Injury, or other traumatic IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNERO F DEATH  1 Netural 5 Per 1 Netural 5 Per 2 Accident 1 Netural 5 Death  29 Accident 3 Conditions 1 Netural 1 Netural 1 Netural 1 Netural 2 Netural 1 Netural 2 Netural 2 Netural 2 Netural 2 Netural 2 Netural 1 Netural 3 Suicide 1 Netural 2 Netura	condition  Condition	DOUE TO OUE TO  d.  S contributing to  HOSPITAL: 1   Inpetient 2    28e. DATE OF (Month, D)  28e. PLACE O building.	(OR AS A CONS)  (OR AS A CONS)  deeth but not  ER/Outpetlent INJURY ay, Year)  F INJURY — A1 If etc. (Specify)  my knowledge, o	resulting  3 DOA 28b. TIM. Nome, farm,	OTHER: 4   Nursing E OF JURY M street, factory	26. PLJ g Home Sc. INJU WOF 1	ACE OF DEATH (C	n Part I	24a. WAS PERF 1 YES Tone)  Ther (Specify) DESCRIBE HON OCATION (Street) Course(e) and in	V INJURY Oci	CURED  or Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH!  1 YES 2 NO
I item 28 is marked, or item 23 shows any Injury, or other traumatic IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNERO F DEATH  1 Netural 5 Per 1 Netural 5 Per 2 Accident 1 Netural 5 Death  29 Accident 3 Conditions 1 Netural 1 Netural 1 Netural 1 Netural 2 Netural 1 Netural 2 Netural 2 Netural 2 Netural 2 Netural 2 Netural 1 Netural 3 Suicide 1 Netural 2 Netura	condition  Condition  Condition  Condition  Condition  Condition  Condition  MEDICAL  Inding restigation  unid not be termined  VING PHYSI  VING PHYSI  AL EXAMINE	DOUE TO  C.  OUE TO  d.  S contributing to  HOSPITAL:  1   Inpatient 2    28e. DATE OF (Month, D)  28e. PLACE O building.	(OR AS A CONS)  (OR AS A CONS)  deeth but not  ER/Outpetlent INJURY ay, Year)  F INJURY — A1 If etc. (Specify)  my knowledge, o	resulting  3 DOA 28b. TIM. Nome, farm,	OTHER: 4   Nursing E OF JURY M street, factory	26. PLJ g Home Sc. INJU WOF 1	ACE OF DEATH (Co. 5 Green Record Reco	8 O 28d. I 28f. L	24a. WAS PERF 1 YES Tone)  Ther (Specify) DESCRIBE HON OCATION (Street) Course(e) and in	V INJURY Oci	CURED  or Rural Ro  ted.  ne ceuse(s)	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH!  1 YES 2 NO
marked, or Item 23 shows any Injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list condition if any, leading to immedia cause. Enter, UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Netural 5   Per Inventor   Per Inventor   2   Accident   Inventor   Per Inventor   3   Suicide   Condition   Per Inventor   4   Homicide   Medical   29e. CERTIFIER (Check only one) 2   MEDICAL	condition  Condition  Condition  Condition  Condition  Condition  Condition  MEDICAL  Inding restigation  unid not be termined  VING PHYSI  VING PHYSI  AL EXAMINE	DOUE TO  C.  OUE TO  d.  S contributing to  HOSPITAL:  1   Inpatient 2    28e. DATE OF (Month, D)  28e. PLACE O building.	(OR AS A CONS)  (OR AS A CONS)  deeth but not  ER/Outpetlent INJURY ay, Year)  F INJURY — A1 If etc. (Specify)  my knowledge, o	resulting  3 DOA 28b. TIM. Nome, farm,	OTHER: 4   Nursing E OF JURY M street, factory	26. PLJ g Home Sc. INJU WOF 1	ACE OF DEATH (C	8 O 28d. I 28f. L	24a. WAS PERF 1 YES Tone)  Ther (Specify) DESCRIBE HON OCATION (Street) Course(e) and in	V INJURY Oci	CURED  or Rural Ro  ted.  ne ceuse(s)	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1  YES 2 NO

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Agus after death TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples.

notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAI	L HYGIENE							
1. DECEDENT'S NAME (First, Middle An + 1/6 Ny	Anthopy of	Melsey Mo	x1ey		2. DATE	OF DEATH	g <sup>ve</sup>	3. T	IME OF DEATH  2'450 M				
4. SOCIAL SECURITY NUMBER 213-36-9377  90. FACILITY NAME (If not Institution	1 🖾 M 2 🗆 F	84 YRS. MOR	NTHS DAYS	F UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH 1, Day, Year) /30/09		Mary					
Northampton Ma	nor Nursing Hor		Frederi				Frederick						
	COUNTY		OWN OR LOCATIO	N		10d. INSIDE CITY LIMITS? 1  YES 2 🖔 NO							
	rederick	PI	t. Airy 101.2	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?				
12602-B Glissa	ns Mill Rd.	IN U.S. ARMED	13. WAS DECE	2177		merican Indian,							
1 Never Merried 2 Merrie 3 Widowed 4 Divorced		2 1 NO	If yes, spec	S DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—rea, apecify Cuben, Mexican, Puerto Rican, etc.)  YES 2 NO Specify:  White									
15. OECEGENT (Specify only higher (Specify only higher Elementary/Secondery (0-12)	'S EOUCATION It grade completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most	one during most of working									
17. FATHER'S NAME (First, Middle, L	and)	farme	7.	18. MOTHER'S NA	105 (First )		iry	_					
Ernest Walte	·			Mary Mary									
196. INFOHMANT'S NAME (Type/Pri	Marie S. Moxley  19b. MAILING ADDRESS (Street and Number or Rural Route N 12602-B Glissans Mill Rd								ute Number, City or Town, State, Zip Code)				
20a. METHOO OF CISPOSITION 1. Durial 2 Cremation 3 [ 4 Donation 6 Other (Specific		Liber		vn, MD									
1. Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. Libertytown, MD									Bons				
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	۵	4	discase	mia					Interval Between Onset end Death				
PART II. Other algnificant co	heart fails	but not resulting in t	he underlying	cauae given in	Part I.	24a. WAS AN A PERFORI 1 TYES 2,4	WED?	CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?  YES 2 NO				
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	_   0	THER:	CE OF DEATH (CA									
1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetiant 2 ER/Out 26e. DATE OF INJURY (Month, Day, Vear)	tpatient 3 DOA 4 28b. TIME OF INJURY	F 28c. INJU	5 Residence		F (Specify) SCRIBE HOW IN	JURY OCCUR	ED					
2 Accident Investi	gation	Y At home, farm, stree	M 1 TYE	S 2 NO		471041 (0)	444	2 - 1 2 - 1					
3 Suicide 6 Could 4 Homicide daterm	not be building, etc. (Spe		et, factory, office		City	CATION (Street ar or Town, State)	nd Number or I	HURE HOURS	Number,				
cool comy	PHYSICIAN: To the best of my know XAMINER: On the basis of examination							ause(e) and	I manner as stated.				
296, SIGNATURE AND TITLE OF CI	HTIFIER			29c. LICENSE NU	-		29d. DATE S	IGNED (Moi	nth, Day, Year)				
30. NAME AND ADDRESS OF PERS	AN hy 10 200	EATH (ITEM 27) (Type, Pri	no nine			bbin	M i	) 2	718				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE		1		,	701						

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE C	F DEATH	REG. NO	O.				
187	1. DECEDENT'S NAME (First, Middle, Lest) Mary Cather		Crorken			2. DATE OF DEATH		3. TIME OF DEATH 1:00 A			
	4. SOCIAL SECURITY NUMBER 220-44-1102	1 □ M 24(XF 9)		F UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) Dec. 12,	8. BIR	THPLACE (State or Foreign with) Aryland			
TOR	90. FACILITY NAME (If not institution, give Regency Nursing RESIDENCE OF DECEDENT				MN OR LOCATION OF DE CESTVIlle	ATH	9c. COUNTY OF	eorge's			
DIRECTOR	10a. STATE 10b. COUNT	charles		ldorf				10d. INSIDE CITY LIMITS? 1  YES 2 NO			
FUNEHAL	Box 222 Shlagel	Road			101. ZIP CODE 201	601		F WHAT COUNTRY? JSA			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes	OECENDENT OF HISPAN I, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	Sp.	ACE — American Indian, ack, White, etc.			
LED	15. OECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. OECEDENT'S US	UAL OCCUP	PATION g most of working	16b. KIND OF BU	USINESS/INDUSTRY	,			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Clerk	lerk War of work done during most of working Do NOT use retired.)  US Government							
E CO	17. FATHER'S NAME (First, Middle, Last) George Francis M	ludd		18. MOTHER'S NAME (First, Middle, Meiden Surname) Margaret Ferguson							
10 8	190. INFORMANT'S NAME (Type/Print) Myra G. Shlagel		eet and Number or Rural I	al Route Number, City or Town, State, Zip Code) aldorf, Md. 20601							
5	20e, METHOD OF DISPOSITION  1 12 Burial 2 Cremation 3 Ref 4 Denation 5 Other (Specify)	ocation — city or Lington,									
	Competent 2   Cremation 3   Removal from State   Competent Cremation   Competent Compe										
	IMMEDIATE CAUSE (Final	complications that cause List only one cause on e	each ilne.		2 1	/.	piratory arrest,	Approximate interval Between Onset and Death			
	disease or condition resulting in death)	a. Tour TO (OR AS	A CONSEQUENCE OF	Lac	Arrhy	Hemia		5mms			
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Avfer	a consequence of):	tu	Cardiova	es cular D	/Selal	3-5 days			
MEDICAL CERTI	PART II. Other significant condition  Personal Street  As well	in+Malnu	dritim	-17	ying cause given in Feedun	PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		THER:	8. PLACE OF DEATH (Ch	, , , , , , , , , , , , , , , , , , , ,					
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c.	Home 5 Residence INJURY AT WORK?  YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre	et, factory, e	office	28f. LOCATION (Street City or Town, State		if Route Number,			
COMPLE		SICIAN: To the best of my know ER: On the basis of examination						e(s) and manner es stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	vrson, m	0		29c. LICENSE NUN		29d. DATE SIGNI	ED (Morith, Day, Year)  2 1913			
		ion, MD 12	825011 4	ort	Rd. Ff.	Wash,	md. 2	6744			
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  Julia Sandon-Rondete										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Prof. fines in the state of the state
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execut THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or fled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burk
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the d THE FUNERAL DIRECTOR: After this certificate has been signed by the : fled within 72 hours after death with the State Dept. of Health and Men
THE HOSPITAL DR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate hile within 72 hours after death with the State (
THE HOSPITAL OR ATTEN THE FUNERAL DIRECTOR Tied within 72 hours after

		1. DECEDENT'S NAME (First,									2. DATE OF DEATH MONTH D	Av		. TIME OF DEATH
				- NANCE							06 2	Ö	93	05:00A M
		4. SOCIAL SECURITY NUMB 218–96–287		5. SEX	6. AGE (In yrs.		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL. Country)	ACE (State or Foreign
pino		9e. FACILITY NAME (If not in:		13GKK2 □ F	2	6 YRS.	A1 A1	5-11						ngton, D.C
3 should	E.	PRINCE GEORG			ENTED		96. CIT		OR LOCATIO		ATH		NTY OF DEA	
1. 2,	ECTOR	RESIDENCE OF DEC	EDENT		LIVIER				VERL			PRI	NCE GE	URGE
Pages	DIRE	Maryland	Dring	e George	Lo	10c. CIT		OR LOCAT					10	Dd. INSIDE CITY LIMITS?
permit.	AL D	10e. STREET AND NUMBER	TITIC	e George	S		Lanc	love				40- CVT		YES 2 NO
nsit p	띪	713 Villa	ge Gre	en Drive		101, ZIP CODE 109, CITIZEN OF 20785 IJ. S						U.S.A		
burial-transit	J.	11. MARITAL STATUS 1/ Never Merried 2		12. WAS DECEDEN			13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (Specify Yea or No.— 14. RACE — America			American Indian
the the	ВУ	3 Widowed 4 Divo		IF YES, GIVE W										Black
use as	8	15. DECI (Specify only	EDENT'S EDUC	CATION completed)	16a.	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON st of working	<i>a</i>	16b. KIND OF BU	SINESS/IND	USTRY	
ğ	LET	10th grade		College (1-4 or 5 +	•)	life. Do NOT u	se retired.)							
detached once.	COMP	17. FATHER'S NAME (First, MI	idellai Laat)			Autor	DD11	.e Me			Midas ME (First, Middle, Melden			
3 E	C	Samuel F. 1		Sr.					Į.		L. Floyd	Surname)		
5 should notified	TO BI	19e. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	ADDRES	S (Street a			oute Number, City or Tow	n, Stete, Zip	Code)	
De 36	F	Rosa L. Curtis (Mother) 702 Dwyer Place Upper Marlboro, Maryland 2											20772	
Must p		20e. METHOD OF DISPOSITION   20c. LOCATION - City or Town, State   20c												
		4 Donation 5 Other (Specify) Harmony Memorial Park 6/24/93 Landover, Maryland  21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY ROLLins Funeral Home, Inc.												aryland
hner of		03 /	1	Trul	1-	)		Koll	ins .	Fune	ral Home,	Inc.	D 6	00010
or removal		23. PART I. Enter the di	seases, Dr C	ompileations that	t ceused the	daath. Do i	not enter	the mod	de of dyi	ng, such	ace, N.E.	wasn	• D.C	20019 Approximata
		iMMEDIATE CAUSE (Fin disease or condition resulting in death)	rait iellure. I	rist pully one can	se on aach ii	ne.								interval Between Onset and Death
ending physician and c i Hygiene prior to burla or other traumatic	CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Cardioptulus and Death  DUE TO (OR AS A CONSEQUENCE OF):  Lack Cardioptulus and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
signed by the att Heatth and Menta ws any injury,	EDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 X NO  24b. WERE AUTOPSY FINDINGS AMALDEL PRIOR TO COMPLETION OF CAUSE OF DEATH?												
s certificate has been s th the State Dept. of H id, or item 23 shov	Z Z							_					'	YES 2 X NO
cate has State De Item 2	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	ck only one)			
the St	PHYS	1 YES 2 ND		1 Inpatient 2 I			4 🗆 Nur	sing Home		sidence	Other (Specify)			
After this c death with 6 marked,	- 1	1 Natural 5 🗆 F	Pending	(Month, De		28b. TIM	URY	28c. INJU WOI	DRY AI RK? 'ES 2 [	NO	28d. DEŞCRIBE HOW I	NJURY OCC	CURED	
TOR: After after death	TED BY	3 Suicide 8 C	Ould not be	26e. PLACE Of building,	F INJURY — At etc. (Specify)	home, ferm,	street, fact				28f. LOCATION (Street ( City or Town, State)	nd Number	or Rural Rout	e Number,
FUNERAL DIRECTOR: After this within 72 hours after death with TANT: If Item 28 is marked	MPLE										to the cause(s) end mar			nd manner ee stated,
THE FUNE be filed within IMPORTANT:	TO BE CO	29b. SIGNATURE AND TITLE	bu	rash					29c. LICE	NSE NUM		29d. DATE	E SIGNED (M	onth, Day, Year)
		30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)							
10	- 1	31. DATE FILED (Month, Day, )	bar)	32. REGISTRAI	R'S SIGNATURE									
/			F 100	and Sal	lia Davids	on-Ran	dalle							
_		JUN 2	3 0 10	00										DHMH-16 Rev 1/89

ISHARLI.

SMSS

66-01

FOR

## ROBINSON, NEIDERT, RUTH 046 107

	1 - STATE REGISTRAR	CERTIFIC	ATE OF D	EATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
1	RUTH K. NEIDERT				6- 29-M	1993 FAR	10:20AM M				
	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs.	last birthday) IF	UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF BIRTH	A BIRTI	IPLACE (State or Foreign				
	212-48-4166 × × × 46	YRS.	NTHS DAYS H	DURS MIN.	6-11-19	Count	ryland				
	9a. FACILITY NAME (If not institution, give street and number)	91	o. CITY, TOWN OR I	OCATION OF DE	The state of the s	9c. COUNTY OF C	**				
B	University Hospital		Balti			Baltin					
5	RESIDENCE OF DECEDENT		Darci	HOTE		Dailli	оте				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY				
٥	Maryland Talbot	Eas	ton				1 TES 2 XX				
AL	10e. STREET AND NUMBER		10f. Zi	P CODE		10g. CITIZEN OF	WHAT COUNTRY?				
<b>E</b>	9517 Gulley's Cove Lane			2160	1	USA					
FUNERAL	11. MARITAL STATUS  1 Never Married 2 X Married FORCES7 1 YES 2	ARMED	13. WAS DECENE	ENT OF HISPAN	IIC ORIGIN? (Specify Yea	or No- 14. RACI	E - American Indien,				
BY F	1 Never Married 2 Married FORCES7 1 YES 2 IF YES, GIVE WAR OR DATES	YNO	1 YES 2	NO Specify	n, Puerto Rican, etc.)		k, White, etc.				
						Wh	ite				
田	(Specify only highest grade completed)	(Give kind of work	JAL OCCUPATION done during most of	working	16b. KIND OF BUS	INESS/INDUSTRY					
Ä	Conege (1-4 bt 5+)	life. Do NOT use re									
COMPLETED	-	Secret			Board o		ation				
8	17. FATHER'S NAME (First, Middle, Last) John C. Kane		16		ME (First, Middle, Maiden S	Surname)					
BE					Appley						
2	19a. INFORMANT'S NAME (Type/Print)  James W. Neidert				Route Number, City or Town						
							MD 21601				
	1X Buriel 2 Cremation 3 Removal from State	cromatons or other	ISPOSITION (Name oplace)		1	ATION - City or To					
4 Donation 5 Other (Specify) Woodlawn Memorial Park 7-3 Easton.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Newnam Funeral Home, P.A.										
	JOHN R. MERCERON	CFSP	200 \$	. Har	rison St	East	on. MD				
	23. PART I. Entar the diseases, or complications that caused the shock, or haart fallure. List only one cause on each life	death. Do not	enter the mode	of dying, suct	as cardiac or reapir	atory arrest,	Approximata				
	IMMEDIATE CAUSE (Final Onset and Death										
	disease or condition resulting in death)										
		SEQUENCE OF	10000				13,000				
Z	- fulmore	WH a	mest				45 m				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	REQUERICE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury										
	that initiated events resulting in death) LAST	EOUENCE OF):			1- 1.	1.	1 2				
Ä	d. CHONESTO	De Vo	1049	- M	= Argylan	They	2403				
	PART II. Other algorificant conditions contributing to death but not	t rasulting in ti	he undariying ca	usa given in i	Part I. 24e: WAS AN A	UTDEST 246	. WERE AUTOPSY FINDINGS				
MEDICAL					PERFORM	AED7	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
					1 D YES 2	NO	OF DEATH7				
Σ					-		1 WES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28 Pt ACE	OF DEATH (Che							
Sic	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient		THER:								
Ä	27. MANNER OF DEATH 284. DATE OF INJURY	28b. TIME OF			8 Other (Specify)  28d. DESCRIBE HOW IN	HIEV OCCUPED					
	1 Netural 5 Pending (Month, Day, Year)	INJURY	WORK?	2  NO	and begoning from the	JUNI OCCURED					
B	2 Accident Investigation 3 Suicide 8 Could not be	home, ferm, stree			28f. LOCATION (Street an	od Number or Burel F	Inute Number				
3 Suicide 8 Could not be determined 28f. LOCATION (Street and Number or Rural City or Town, State)  28f. LOCATION (Street and Number or Rural City or Town, State)  28f. LOCATION (Street and Number or Rural City or Town, State)  28f. LOCATION (Street and Number or Rural City or Town, State)  28f. LOCATION (Street and Number or Rural City or Town, State)											
9	29a. CERTIFIER	volen in the least	Same may	- / / / /							
₽ B	(Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, one)  MEDICAL EXAMINER: On the basis of examination and/o										
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/o	r investigation, ir	my opinion, destr	occured at the t	time, data and place, and	due to the cause(a	) and manner as stated,				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1. /	29	c. LICENSE NUM		29d. DATE SIGNED	(Month, Day, Year)				
2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ent		5918	3	4/8	18/93				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Prin	(1)				7				
	Time Ditul 222 Gree	ue 5	+ 4	cettiy	more M	2120	)(				
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		A. M.	70	,	who X	1000				
	10 1 1993 JUL 0 1 1993 Randone Widson Rendon										

DHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR		STATE OF M				F HEALTH			HYGIENE REG. NO.	9	0	20130
1. DECEDENT'S NAME (First, Eugene_St	vlveste	Eugene er''Nelsor	Sylve	ster 1	Welsor	1		2. DATE OF MONTH	DAY	1993	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER			8. AGE (In yrs. la		IF UNDER 1 YE		24 HRS.	7. DATE OF (Month, De	BIRTH		8. BIRTHPI Country)	LACE (State or Foreign
9a. FACILITY NAME (If not ins	//7	1 M 2 F	63	YRS.					9, 19	30		ahoma
V.A. Medic						VN OR LOCATI		ATH			TY OF DEA	АТН
RESIDENCE OF DEC	EDENT	ICEL				y Poir	it.			C	ecil	
Maryland	10b. COUNTY	rford			TOWN OR LO						1	IOd. INSIDE CITY LIMITS?
10a. STREET AND NUMBER	110	u i o i u		AL	erdee	I 10f. ZIP COD				10a CITII		I VES 2 NO
338 Baltimo	ore Str	reet				2100				US		AI COORTRY?
11. MARITAL STATUS  1 Never Married 2 🔀		12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED NO	13. WAS	DECENDENT (	OF HISPAN	IIC ORIGIN? (S	ipecify Yes	or No—	14. PLACE - Black,	- American Indian, White, etc.
3 Widowed 4 Divor		Vietnam	R OR DATES			YES 2 NO					Specify:	
15. DECE	DENT'S EDUCA	ATION	16a. D	ECEDENT'S U	SUAL OCCUP	ATION most of world		16b. KH	NO OF BUSI	INESS/IND	Bla	CK
Elementary/Secondary (0-		College (1-4 or 5+)		a. Do NOT use	retired.)	most of world	ng					
10				Milit	ary				JS-gor		ment	
17. FATHER'S NAME (First, Mic Henry	ddle, Last)	Nolco	n, Sr.			100		ME (First, Midd				
19a. INFORMANT'S NAME (To	pe/Print)	IVELSO		DE MAILING A	nnoess /sh	Eet and Number	inda			Snade		
Frances R. N						re St.						
20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation  4  Donation 5  Other	3 🗆 Remov	ral from State	20b. PLACE cemetery, cr	AND DATE OF	DISPOSITION or place)	N (Name of		OATE	20c. LOC	ATION — C	Ity or Town	, State
21. SIGNAPURE OF FUNERAL	The second second	espt	IR. A	. Ferr	22 MAM	emator	CO OF EA	MITTY	1			
* Aprice	1991	Sollier	lone	esta	1/3.8 X	Files	butak	PARA	POTR	xd6As	Mo	me P.A.
23. PART i. Enter the dis shock, or he	seeses, or co art failure. Li	mplications that	caused the d	eath. Do no	t enter the	mode of dy	ing, suct	n as cardiac	or respir	atory arre	est,	Approximate interval Between
IMMEDIATE CAUSE (Fine disease or condition	ol:		D	0.1	20	0	201	1				Onset and Death
resulting in death)	<b>→</b> a.	DUE TO #	OR AS A COME	mai	V JY 14	1 dawn	iay	, as	usi			30 m
		Metas	tatic	C Su	w(da)	emp i	Inne	tz T	a11	in	0	ZIN
Sequentially list condition if any, leading to immed		DUE TO (	OR AS A CONSE	QUENCE OF):		1	-,,,	1.00	10			340
cause. Enter UNDERLYIN CAUSE (Disease or injur	NG											
that initiated events resulting in death) LAST		DUE TO (	OR AS A CONSE	OUENCE OF):								
	d.											
PART ii. Other algnificar	t conditions		eeth but not	resuiting in	the underl	ying ceuse	given in	Part I. 24	. WAS AN A			VERE AUTOPSY FINDINGS
í. ————————————————————————————————————	TOPL	1 1	10.1					_ 10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
	DIGE	n corx	un Th	5			_	-			1	YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL				20	S. PLACE OF D	EATH (Che	ack only one)				
EXAMINER?  1 YES 2 NO		HOSPITAL:	ER/Outpatient		OTHER:	Home 5 🗆 Re			nec/fv)			
27. MANNER OF DEATH	ending	28a. DATE OF II (Month, Day	JURY ( Year)	28b. TIME INJUI	OF 28c.	INJURY AT WORK?		28d. DESCRI		JURY OCC	URED	
2 Accident	nvestigation	28e. PLACE OF	INJURY — At h	ome, farm. str		YES 2	_ NO	20f. LOCATIO	ON (Street or	nd Number	or Rural De-	ste Number
	Could not be letermined	building, e	tc. (Specify)					City or To	own, State)	NO THURSDAY	OF FILMER FIOL	THE HUMBER,
29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
29b. SIGNATURE AND TITLE	OF CERTIFIER	10.70	in- 1	10		29c. LIC	ENSE NUM	IBER		29d, DATE	SIGNED (A	Agrith, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUSE	OF DEATH (IT	4	111	ب ا	1/ H	11			121	53
31. DATE FILED (Month, Day, Y	Junz	4/an -	T SIGNATURE	l rry	101	nl	VM	#				
JUL 06 '93	Can,	32. REGISTRAR		00								
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page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should le mained by the hospital or attending physician. INOBE MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- 5

						OLITTI	ICAIL	. 01	DEA	-	REG	i. NO.				
		1. DECEDENT'S NAME (First MARY .TO	, Middle, Lest) SEPHTN	TE.		'NEILL					2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER		5. SEX								21	93	11:20Pm		
		220-34-342		1 M 2 F	8. AGE (In yr	rs. last birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, W	bar)	Country;			
pino		9e. FACILITY NAME (If not in			0.0	9b. CITY, TOWN OR LOCATION			011 05 05 11	8-29-1			nsylvania			
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	ECT	RESIDENCE OF DEC	10b. COUNTY	,		1										
Page	DIRE	Maryland		e George	1.0		y, town o enbe		TION					10d. INSIDE CITY LIMITS?		
mit.		10e. STREET AND NUMBER		e George	: 5	GIE	enbe.		H. ZIP COD	-		10.0		1 X YES 2 NO		
. usit pe	FUNERAL	16-F Ridge						"	ii. ZiP COOI	20770	)	10g. C	U.S.A	HAT COUNTRY?		
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21215-0020 For attending physician, or use as the burial-transit permit. Pages	BY F	1 Never Merried 2 🔀 3 Wildowed 4 Divo		FORCES?						Puerto Rican, el	tc.)	Black, Specify				
rtendir e as ti		15. DEC	EDENT'S EDU		161	a. DECEDENT'S	USUAL OC	CUPATI	ON		16b. KIND C	F RUSINESS/II		nite		
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	AP	10				lanager	- Fo	od	Servi	.ce	Scho	ols				
AND the hospit detached once.	Ö	17. FATHER'S NAME (First, M	liddle, Last)		-						E (First, Middle, M	faiden Surname,	)			
2 2 2 X	BE	Michael	Deva	ney					Del	ia (	s NAME (First, Middle, Meiden Surname) a Gallagher  Gural Route Number, City or Town, State, Zip Code) ceenbelt, Maryland 20770  DATE 20c. LOCATION — City or Town, State 6/24/93 Silver Spring, MD  OF FACULTY Sch's Sons Funeral Home, P.A. nore Ave., Hyattsville, MD 20781					
MARYLAND retained by the hospit 5 should be detached  notified at once.	2	James M. O														
E		James M. U			I the co			_		Greer						
(O)		1 № Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Reme	ovel from State	cemeters Gate	ACE AND DATE	of DISPOSI ther place)	TION (N	ame of meter	cv 6/	24/93 S	e LOCATION -	City or Tow	n, State		
		21. SIGNATURE OF THERA		ENSEE	Joach	01 110	/ 22. N	IAME A	NO ADDRES	SS OF FACIL	ITY					
BAL er dem the fu		luch	17	2/17		.11										
nours after d in by th or remove		28. PART I. Enter the d	iseases, or o	omplications the	et cauead the	e deeth. Do	not antar	the mo	oda of dyi	ng, such	as cardiac or	respiratory a	irrest,	Approximate		
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		disease or condition resulting in death)	<b>→</b>	CARDIO	PULMO	MARY F	teres	72	ARR	YTHMI	1 OR P	HLMONI	124	20 30 Mis		
executed within 2 and completely oburial, crematic event, the matic event, the				OUE TO	(OR AS A CO	NSEQUENCE O	F):		A.a.			Emb	OUZW	- 1		
B 0 5	CERTIFICATION	disease or condition resulting in death)  a. CARDIO PULMCNARY ARREST 2 ARRYTHMIA OR PULMONARY DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											of days			
	CAT	If any, leeding to immediate cause. Enter UNDERLYING CALLER (Viscous Latin)											-			
O. B ertificat ng phy giene p	Ĕ	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  C. CONONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):														
P. th c th c in Hy	EH	resulting in death) LAST														
ORDS, that the dea led by the att th and Menta any Injury,		PART ii. Other significe	nt condition	s contributing to	deeth but n	not resulting	in the unc	derivin	a ceuse o	iven in Pa	ert i 24a W	AS AN AUTOPS	V 245 V	WERE AUTOPSY FINDINGS		
2 2 2 m	EDICAL	SIP Regel	hãn Co	Ion canc	er, P	Pulmonary Hyper					A PE	RFORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Sign Sign Sign Sign Sign Sign Sign Sign							1	1	/		-   ¹ · · ·	ES 2 NO	(	OF DEATH?		
Peen ved	ν.										-		'	1 YES 2 NO		
VITAL RE AN: The law requ fificate has been State Dept. of P	¥	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL					28. PI	LACE OF DI	EATH (Check	k only one)					
VIT	PHYSICIAN:	1 TES 2 NO		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER 4 - Nursi		ne 5 🗆 Re	sidence \$	Other (Specify	0				
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ON OF ING PHYS After this of eath with marked,	BY	2 Accident	investigation	00. 01.400.0			М	1 🗌								
DIVISION OF VITAL RE L OR ATTENDING PHYSICIAN: The law requ DIRECTOR: After this certificate has been hours after death with the State Dept. of I Item 28 is marked, or Item 23 sho	ETED		Could not be determined	28e. PLACE C building,	etc. (Specify)	At home, ferm, s	streat, facto	ry, offic	•	2	est. LOCATION (S City or Town,	Street and Numb State)	er or Rural Rol	ute Number,		
DIV OR AI DIREC hours	9	29e. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	on knowledge	a doub comm										
PITAL ERAL In 72 I	COMPL													end menner ee stated.		
E HOS E FUN d with	E C	296. SIGNATURE AND TITLE							29c LICE	NSF NUMBI	FR			Month, Day, Year)		
TO THE HOSPITAL CO TO THE FUNERAL D De filed within 72 ho IMPORTANT: If IN	TO BE	Linshan	mylly	N	3263	MD.			1	335	-03	•	6/22	193		
TA	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  1/5 Centerray, (weenself Md. 2077)														
(10)		31. DATE FILED (Month, Day,	Year)	2 32. REGISTRA	R'S SIGNATUR							÷				
		JUN 2 4 199			on-Rand											

BALTIMORE, MARYLAND 21215-0020	ments be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the man proton mage 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
O. BOX 68760, BALTIMO	certificate be executed within 24 mours after cours Pro-	ling physician and completely filled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 July after on the retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attendi

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 yours after a second by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the form manage 5 should be detach be filled within 20 hours after death with the State Date of Martin and Marti	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical communer must be notified at once.
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5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the men process the filled within 20 hours after death with the State Date of Martin and Martin Broken price in hursal secondary.	IMP

	1 - STATE REGISTRAR	STATE OF MARY	CEDTIEIC	MENT OF H	EALTH AND	MENTAL HYGIEN		50	20130	
	1. DECEDENT'S NAME (First, Middle, Last)	Grace Stuart	WE KALO			2. DATE OF DEATH	198		TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213 46 6323  9a. FACILITY NAME (If not institution, give	1 □ M 2 🖟 F 8	3 YRS. MO	UNDER 1 YEAR HITHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 31, 1			CE (State or Foreign	
DIRECTOR	Calvert County Nu RESIDENCE OF DECEDENT	rsing Center			Frederic		9c. COUNT	of DEATH	Н	
L DIRE	Maryland Czlve			ce Fre	derick			1 [	I. INSIDE CITY LIMITS?	
FUNERAL	F.O. Box 1106 Rur	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ZIP CODE  20678  ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	USA	4. RACE	COUNTRY?	
В	1 Never Married 2 Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDU	FORCES? 1 YES	DATES	If yes, spi	rea, specify Cuban, Maxican, Puerto Rican, etc.)  PES 2 NO Specify: White					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re house wi	done during mo tired.)						
BE CON	17. FATHER'S NAME (First, Middle, Last)  Roger Moore Stuar	t	House wi			<u> </u>		1++		
TO .	Pas. INFORMANT'S NAME (Type/Print)  19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Rebecca Parran  Same as #10									
20s. METHOD OF DISPOSITION 1										
,	* BRaw	000		4405 E	roomes	Rausch Is. Rd. Po	rt Rep	ublic		
	23. PART I. Enter the diseases, or ehock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on e	d the deeth. Do not each line.				ratory arree	t,	Approximate interval Between Onset and Death	
NOI	Sequentially liet conditions,	DUE TO (OR AS A	CONSEQUENCE OF):			A we in				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST	C. DUE TO (OR AS /	CONSCIDENCE OF):	yreid	, (	b. u. d.				
AL	PART II. Other eignificant condition	a contributing to death b	out not resulting in th	ne Underlying	cause given in	Part i. 24a. WAS AN PERFOR		AWA	E AUTOPSY FINDINGS LABLE PRIOR TO	
PHYSICIAN: MEDIC						1 🗆 YES 2	□ NO	OF E	PLETION OF CAUSE DEATH? YES 2 1 NO	
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		HER:	ACE OF DEATH (Ch	8 Other (Specify)				
B	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 V	IRY AT IK? ES 2 NO	28d. DEŞCRIBE HOW I				
COMPLETED	3 Suicide 8 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHYSI	buriding, stc. (Spec				28f. LOCATION (Street a City or Town, State)		Rural Route	Number,	
	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my know R: On the bests of examination	ladge, deeth occurred at n and/or investigation, in	my opinion, de	and place, end due ath occured at the 29c. LICENSE NUR	time, data and place, an	due to the c			
TO BE	30. NAME AND ADDRESS OF PERSON WH	- S.		0	003	077	29d. DATE SI	5/	93	
	31. OATE FILED (Month, Day, Year)	JAMAI  32. REGISTRAR'S SIGN  Julia Davidson-M	ATURE DO	4.0.						
	<u>JUL - 7 1993</u>	Julia Davidson-M	Continue							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		ERITE	ICATE	OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)						MONT			YEAR	. TIME OF DEATN
	ANONA VIVIAN  4. SOCIAL SECURITY NUMBER  5. SEX	ARKER					_			93	9:15 PW
	212 12 8702 1 N 2X F	6. AGE (In yrs. le	est birthday)	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH 1. Day Year) -06-19	03	Country)	ACE (State or Foreign
	9a. FACILITY NAME (if not institution, give street and number)	09		9h CITY	TOWN C	OR LOCATION OF D					
E	ALLEGANY COUNTY NURSIN	G HOME	- 1							LEG	
5	RESIDENCE OF DECEDENT		l		001	TOLKLAN	IV.		AL	LEG	ANT
DIRE	MD 106. COUNTY ALLEGAN	Ϋ́	10c. CITY	r, town of CU		ERLAND				1	Od. INSIDE CITY X LIMITS? YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER 200 HUMBIRD STREET				101	ZIP CODE 215	02	10g. CITIZEN OF WHAT USA			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S, A 1 YES 2X WAR OR DATES							Black, V	- American Indian, White, etc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. D	ECEDENT'S	USUAL OC	CUPATIO	ON .	16b	. KIND OF BUS	SINESS/INDU		
9	Elementary/Secondary (0-12) College (1-4 or 5	7)		osoal. Coccording one of working or retired.)  188. KIND OF BUSINESS/INDUSTRY or Rolled.)							
MP	unknown		homen	naker				own	hame		
	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S NA	ah Gi		Sumame)		
B	Thomas Gray  190. INFORMANT'S NAME (Type/Print)			1000000	(0)			4			
2	Mr. Lou Petronella							te Number, City or Town, State, Zip Code) Land, MD 21502			
	20a. METHOD OF DISPOSITION	HOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — CITY								ty or Town	, State
	4 Donatton 5 Other (Specify) Hillcrest Burial Park 6-30 Cumberland, MD										
22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home											
_	23. PART Finance the discusses, or complications the	buse	4/	4 (	Cumb	perland,	MD 2	21502			
	shock, or heart failure. List only one ca	use on each lin	eath. Do n e.	ot enter t	ha mo	de of dying, suc	h es card	llec or respi	retory arres	st,	Approximate interval Between
	disease or condition										Onset and Death
ł	resulting in death) a. Due To	O (OR AS A CONSE	OUENCE OF	nan		1	Jue	u	my	•	
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CERTIFICATION	it any, leeding to immediata	OR AS A CONSE	OUENCE OF	):							
5	CAUSE (Disease or injury	OR AS A CONSE	OHENCE OF	٦.		<u> </u>		·	_		
Ē	that initiated events DUE To resulting in death) LAST	(0	aoznoz or	,.							
	0.		-1								+
EDICAL	PART II. Other significant conditions contributing to	death but not	resulting i	n the und	erlying	cause given in	Part i.	24a, WAS AN PERFOR	MED?	AN CC	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE
							_		20110	1	F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA OTHER:  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  1 Number of Part (Check only one)  28. PLACE OF DEATH (Check only one)  1 Number of Part (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)											
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	1 Netural 5 Pending	F INJURY Day, Year)	28b. TIME	OF 2		URY AT RK? YES 2 NO	28d. DES	CRIBE HOW II	NJURY OCCU	RED	
B	2 Accident Investigation 3 Suicide 6 Could not be	ome, term, a	treet, factor			26f, LOC	ATION (Street e	and Number o	- Rumi Bout	te Number	
COMPLETED	4 Nomicide determined building	, atc. (Specify)						or Town, State)		11001	o waniou,
<u> </u>	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of	f my knowledge, d	esth occurre	d at the tim	e, dste	end place, end dua	to the cau	se(e) and men	ner ee stated	1.	
S S	one) 2 MEDICAL EXAMINER: On the beele of										nd manner ee stated.
шШ	29h SIGNATURE AND TYPLE OF CERTIFIER					29c. LICENSE NUI	MBER		29d. DATE	SIGNED (M	lonth, Day, Year)
면 안	Jany					D14865			16	-7	0-57
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN	SE OF DEATH (ITE	М 27) (Турв,	Print)							7 3
		DDEDA	MEN	ORI/	1	HOSPITA	1	CUMBE	RLAN	D . M	IARYI AND
	1111 O 1 3003	AR'S SIGNATURE					_			,	THE PARTY OF THE P

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be interested to a security permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 88/60,	8	DIRE	E
1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page I	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to bunal, cemation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 93<sup>YEAR</sup> 02 3. TIME OF DEATH 07 MONTH MILTON ANDREW PLANTZ 0400 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 💢 M 2 🗌 F 07-02-1928 PA 211-20-6878 65 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL **CUMBERLAND** ALLEGANY RESIDENCE OF DECEDENT 1De. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany Cumberland 1X YES 2 □ NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 205 Forrest Drive USA 21502 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: white BY 3 Widowed 4 Divorced II/Korean COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) president moving/storage unknown ONCE. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)

Verna Dagney King Ħ Walter Milton Plantz BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 205 Forrest Drive Cumberland MD 21502 Mrs. Jean Ann Plantz Pe 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 X Burial 2 Cremation 3 4 Donation 5 Other (Specify) DATE must 7-6 Rocky Gap Veterans Cem. Flintstone, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home ame Cumberland, MD 21502 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or haert failure. List only one ceuse on each line. Approximate interval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) Cardiogenic mule event. DUE TO (OR AS A CONSEQUENCE OF): myoradil infarction Acute traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 injury. PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 10 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hell 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ने हैं 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide .00 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

29 MEDICAL EVAMINES. On the best of my knowledge, death occurred at the time, date end place, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the ceuse(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) lloc 33411 no 2 0

1068 NATIONAL

FRAR'S SIGNATURE

HIGHWAY

AVALE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAMES R. MOEN, MO.

31. DATE FILED (Month, Day, Year)

JUL 0 6 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MAINLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain.	4 hours after death. Page 6 may be retained by the incommon attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be perfectly the ast the burial-to	illed in by the funeral director, page 5 shows a practice for use as the burial-ti
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n, or removal.
1400074WT 16 item 20 is marked as item 22 shows one interes as other features the modified at another according	a madeal avershap much he notified at sect

	1 - FOR STATE OF MA		NT OF HEALTH AND M	MENTAL HYGIENE REG. NO.	9 20130								
	1. DECEDENT'S NAME (Fine, Middle, Last)  Betting M., P	tice		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH								
	216-14-4889B 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	AGE (In yrs. last birthday) IF UN MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (MONTH, Day, 164) NOV. 24 1924	8. BIRTHPLACE (State or Foreign Country) Tenn.								
TOR	9a. FACILITY NAME (If not institution, give street and number) Northwest Hospital Center RESIDENCE OF DECEDENT	9b. C	Randallstown		TY OF DEATH altimore								
DIRECTOR	MD. 10b. COUNTY Baltimore		N OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO								
FUNERAL	10s. STREET AND NUMBER 216 Tollgate Road		10f. ZIP CODE 21117	196. CITIZEN OF WHAT COUNTRY?									
B	11. MARITAL STATUS  1 Never Merried  2 Merried  1 Percent Forces? 1 FYES, GIVE WAI	YES 2 ANO	13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexican 1 YES 24 NO Specify:	, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire: HOUSOW:	ne during most of working d.)	16b. KIND OF BUSINESS/INDU									
COM	17. FATHER'S NAME (First, Middle, Last)  Forest Clinton			IE (First, Middle, Maiden Surname)									
TO BE	Forest Clinton  Nora Wright  19a. INFORMANT'S NAME (Type/Print)  Dempsey L. Price, Sr.  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  216 Tollgate Road, Owings Mills, MD 21117												
1031 00	Dempsey L. Price, Sr. 216 Tollgate Road, Owings Mills, MD 21117  20a, METHOD OF DISPOSITION 1												
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FACE	Funeral Chapel									
AL CERTIFICATION	Owings Mills, MD.  23. PART i. Entey the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Desth of Cause (Final disease or conditions)  Bequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  246. WERE AUTOPSY FINDINGS												
MEDIC				PERFORMED?  1 YES 2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	ОТН			1 007/3								
BY PHYS	27. MANNEY OF DEATH  1 Natural 5 Pending (Month, Day, 2 Accident Investigation	JURY 28b. TIME OF	Pursing Home 5 Residence 6  28c. INJURY AT WORK?  1 YES 2 NO	G Other (Specify)  284. OEȘCRIBE HOW INJURY OCCU	JREO								
ا م اه		NJURY — At home, farm, street, f .: (Specify)	actory, office	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,								
COMPLETE	29a. CERTIFIER (Check only one)  2 Image: MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
8	296. SIGNATURE AND TITLE OF CERTIFIED  296. MICENSE NUMBER  296. DATE SIGNEO (Month, Day, Year)												
일	30 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Tall (Delay) M 5310 Old (Out Road Rundultown) MO 2/133												
	JUL 7 93	SIGNATURE											

TO BE COMPLETED BY FUNERAL DIRECTOR

hospital or attending physician. lached for use as the burlat-transit permit. Pages 1, 2, 3 should

AND 21215-0020

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages and within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	TATE STATE OF MARTICAND / DEPARTMENT OF HEALIH AND MENTAL HYGIENE														
1. DECEDENT'S NAME (First, OSCAR	Middle, Last)	S MA	RTI			ONCE				2. DAT	E OF DEATH	4	OF AS	3. TIME OF DEA	тн А <b>м</b>
4. SOCIAL SECURITY NUME		SEX		(In yrs. las		IF UNDER	_	IF UNDER	24 1000	<u> </u>	E OF BIRTH	7			
None		⊠ M 2 □ F	2		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	nth, Day, Year)	,	Count	7	preign
9a. FACILITY NAME (# not in				1								Mex			
PRINCE GE	ORGES I		AL			CHEVERLY						PRINCE GEORGES			
RESIDENCE OF DEC	10b. COUNTY				10c. CITY, TOWN OR LOCATION							Territoria de la companya della companya della companya de la companya della comp			
Maryland	Prince	George	e's		Bladensburg									10d. INSIDE CITY LIMITS? 1 X YES 2	
10e. STREET AND NUMBER							_	f. ZIP CODE	E			10g. CITI	ZEN OF	WHAT COUNTRY?	NO
5318 Shephe	erd Stre	et						20710	0				xico		
11. MARITAL STATUS	12.	WAS DECEDEN				13. W	AS DEC	ENDENT O	F HISPA	NIC ORIG	ilN? (Specify Yes		14. RAC	E — American Indi	en,
1 Never Married 2		FORCES? 1			0	11	yes, sp	ecify Cuba	n, Mexica Specia	an, Puerte	o Rican, atc.)		Spec	k, Whita, atc.	
3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION										Mex	kican			panic	
15. DEC (Specify only	(G)	EDENT'S	ork done di	CUPATIO	ON ost of workin	g	:10	66. KIND OF BUS	INESS/IND	USTRY					
Elementary/Secondary (0-12) College (1-4 or 5 +)					Do NOT use	retired.)				1,					
6  17. FATHER'S NAME (First, Middle, Last)					orer		_				Constru		1		
					l			, Middle, Maiden :							
194. INFORMANT'S NAME (7)	lartinez	Vivar		104	MAILING	ADDRESS	(Ct1	Eva	_	nce	Guzman				
Alejo Javie		167		- 1							adensbu			20710	
20a. METHOD OF DISPOSITI	ON			PLACEA	ND DATE O	F DISPOSIT	TION (Na	me of	eet,			EATION —		20710	
1 ☑ Burial 2 ☐ Crematio 4 ☐ Donation 6 ☐ Other		from State	Pa	netery, crem	natory or oth On Mu	nici	pal		6/	26/9				ana, Mexi	ico
L SHAMATURE OF FUNERAL	L SERVICE LICENS	-			,	22. N Fr	ame Al	is Ga	ss of FA	'S S	Sons Fu	neral	L Ho	me, P.A.	
23. PART I. Enter the di	seasea, or com	plications the	t cause	d the da	th. Do n	ot antar t	ha mo	da of dyl	ng, suc	h aa ca	rdiac or reapi	atory srr	est,	Approxim	
immediate cause (Fin disesse or condition resulting in death)	art lallura. Liat	Mul	Lij	200 consec	in	jur								Interval B Onset and	
Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	diata NG ry c	OUE TO	(OR AS A	CONSEO	UENCE OF										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 XYES 2 NO  24b. WERE AUTOPSY FINDINGS AMALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO															
25. WAS CASE REFERRED TO	MEDICAL						26. PL	ACE OF O	FATH (Ch	ack only	noel .				
EXAMINER? 1 N YES 2 □ NO	HC 1	SPITAL: Xinpetient 2	ER/Outs	etient 3		OTHER:									
7. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED															
	Pending nvestigation	6 - 20 -		3	11:5		1 🔲 \	RK?	χno	PED:	ESTRIA	N S	r RUC	CK BY A	OTU
3 Suicide 6	Could not be	28e. PLACE Of building,	F INJURY atc. (Spec	— At hor	ne, farm, st	_	y, offici	•		26t. LO	CATION (Street as y or Town, State)				
4   Homicide d	fetermined	- 10		ON	STF	REET					00 BLK	ANI	NAPO	OLIS RO	)AD
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  27 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.															
29b. SIGNATURE AND TITLE		Diele	1/	MI	1			29c. LICE	NSE NUI	MBER	- ATH			(Month, Dey, Year) - 1993	
1 JULY ADDRESS OF	(Sonald 7, Wight MD) 0.C.M.E. ▶ 6-22-1993														

111 Penn Street, Baltimore, Maryland 21201

JUN 2 4 1993

32. REGISTRAR'S SIGNATURE LE

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache for led within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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YSIC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ė,
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	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN	E	3 20000	}				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN					
	RAYMOND Lee		PARKER		06 15	1993		M				
	4. SOCIAL SECURITY NUMBER 5, SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	6. 8	BIRTHPLACE (State or Foreign country)					
	217-60-8620 #□м²□ғ	39 YRS.	MONTHS DAYS	HOURS MIN.	9-16-53		ash DC					
~	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH					
0	PRINCE GEORGES HOSP	TAL	CHE	/ERLY		PRIN	ICE GEORGES	5				
DIRECTOR	10a, STATE 10b, COUNTY		Y, TOWN OR LOCAT	ION			10d. INSIDE CITY					
	MD prince Geo	orges U	pper Ma	arlboro			1 YES 2 NO					
AL	10e. STREET AND NUMBER		10f	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL	9105 Columbine Lane			20772		US	SA					
5	11. MARITAL STATUS  1. MARITAL STATUS  1. MARITAL STATUS  1. WAS DECEDING FORCES?	IC ORIGIN? (Specify Yes 1, Puerto Ricen, etc.)	or No — 14.1	RACE — American Indian, Black, White, etc.								
BY	3 Widowed 4 Divorced		Specify: CAUC									
	15. DECEDENT'S EDUCATION	I SINESS/INDUST	BY	-								
Ē.	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or											
M I	12th 0	Plumb	er		Reice	o Asso	ociates					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)								
B	Harry F. Parker		an Butle:									
2	194. INFORMANT'S NAME (Type/Print)		oute Number, City or Town	n, State, Zip Code	•)							
·	Harry F. Parker			thur								
	1 Dr. Burlel 2 Cremation 3 Removal from State 4 Donetion 8 Other (Specify)	20b. PLACE AND DATE cometery, cremetory or o	ther plece)		1	CATION — City	•					
İ	21. SIGNATURE OF JUNERAL SERVICE LICENSEE	Washingt	22. NAME AN	D ADDRESS OF FAC	HLITY		MD	$\dashv$				
	DOCA RA	(+	Lee	Funera.	1 Home Fe	rry						
$\dashv$	23. PART . Enter the disease. or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory expect.											
	shock, or heart fallure. List only one commediate CAUSE (Final	iuse on each line.		ao oi aying, sasi	as cardiac or respi	istory arrest,	Interval Batwee					
		TIPES DUS	27.1.000	busine	Cou. A ic	,		un				
	resulting in death) a. Due T	O (OR AS A CONSEDUENCE O	T):	WITH	COM rail	DD ON	3	-				
Z	Sequentially list conditions.											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	O (OR AS A CONSEQUENCE OF	7):									
FIC	CAUSE (Disease or Injury	O (OR AS A CONSEQUENCE OF	า:					4				
E	resulting in death) LAST	,	,					- [				
	PART II Other significant conditions contributes	Active the entire time.						╡				
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing t	o death but not resulting	n the underlying	cause given in !	Part I. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	8				
					1 VES 2	□ NO	COMPLETION OF CAUSE OF DEATH?					
Σ							1 YES 2 NO	-				
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Che	ck only one)			4				
Sic	EXAMINER?  1 VES 2 NO  1 Inpatient 2	☐ ER/Outpatient 3 ☐ DOA	OTHER:	5 Residence				┪				
¥	27. MANNER OF DEATH 26s. DATE O	F INJURY 28b. TIM	E OF 28c. INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURE	D	$\dashv$				
ВУ	1 Natural 5 Pending		30 PM 1 V	ES 2 17 NO	PEDESTRI	און כדיד	RUCK BY AUT	rd				
	3 Suicide 8 Could not be 288. PLACE	OF INJURY — At home, farm, a	treet, factory, office		281. LOCATION (Street a	nd Number or Ru	iral Route Number,	٦				
Significance and design of some states of summer of some states of summ												
4	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best one)			end pleca, and dua	to the cause(a) and man	ner as stated.		7				
Š I	2 MEDICAL EXAMINER: On the basis of	examination and/or investigation	n, in my opinion, de	eath occured at the	lme, data and place, end	due to the cau	use(a) and manner as stated.					
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER	29d, DATE SIG	DATE SIGNED (Month, Day, Year)					
O.C.M.E. 06/												
	SUPPLAND ADDRESS OF PERSON WHO COMPLETED CA	1.						$\neg$				
	31. DATE FILED (Month, Day, Year) 38. REGISTE	AR'S SIGNATURE	n Stree	et. Bal	timore, 1	Maryla	and 21201	4				
	JUN 2 2 1993 Fishia Davidson-Mandale											

DHMH-16 Rev 1/89

RE. MARYLAND 21215-0020

		REGISTRAN				PULATH		REG. NO						
	9	1. DECEDENT'S NAME (First, Middle, Last)	Bettie		Pierso		2. DATE O	F DEATH DA		YEAR	TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER	Kath			RSON		Ne 3		93	6120			
	.0			(In yes, lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE O (Month,	Day, Year)		Country)	ACE (State or Foreign			
		222-09-2566		0	01 OUTY TOWN			14,1			inia			
	Œ	90. FACILITY NAME (If not institution, give s	lemorial Hosp	ital	Hav	re de Gra	EATH SEE		9c. COUNT	arfor				
	5	RESIDENCE OF DECEDENT	emorial Hos	PITAL	THAVE	E JE (	SRA	CC	170	RK	DRD_			
	DIRECTOR	10e. STATE 10b. COUNT		10c. CITY	TOWN OR LOC					10	d. INSIDE CITY			
		Maryland	Harford			Darlingto	n			1 [	LIMITS?			
	RAI	4104 Conowingo R	المحما			IOI. ZIP CODE	0100/		10g. CITIZE		T COUNTRY?			
	FUNERAL	11. MARITAL STATUS					21034			U.S.	Α.			
		1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 100	NIC ORIGIN? an, Puerto Ri	(Specify Yes	or No- 1	4. RACE — Black, W	American Indien, hite, etc.					
	B	\$ Widowed 4 □ Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 Y	S 2 X NO Speci	fy:		1	Specify:	White			
	E	15. DECEDENT'S EOU (Specify only highest grade	CATION	160. DECEDENT'S	SUAL OCCUPA	TION	16b. I	CIND OF BUS	SINESS/INDUS	STRY				
	E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during in retired.)	nost of working								
್ಟ	COMPL	Eleven Years			Homema	ker					_			
ouc	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mi	ddle, Maiden	Sumame)					
pd at	BE	William B. S	mith				Hazel	J	dall					
otili	5	190. INFORMANT'S NAME (Type/Print) Sherry M. Pomrani	20			and Number or Rural					2.7			
pe n		200. METHOD OF DISPOSITION				d, Darlin	-			210				
net		tXXBuriel 2 Cremation 3 Rem		Name of	OATE		CATION — CH							
or removal. medical examiner must be notified at once.		A Donastion 6 Other (Specify) Cremetery, cre												
amir		1 hours h	Delle			A. Patters		on Fu	ineral	Home	2			
ai e		J 101110000 11	. + Course	m dr.	Peri	yville,	Mary1a	and 2	1903					
or removal medical		23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line.  Approximate interval Between												
		IMMEDIATE CAUSE (Final												
I Hygiene prior to burial, cremation, or other traumatic event, the		disease or condition resulting in death)  a. Haywallmic In Cardin output Shall.  Usefolion as a consequence of:												
lal.	_	_			:									
prior to burial, traumatic e	RTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
tra E	A	if any, laading to immediate cause. Enter UNDERLYING	CAD	aut 80	n. N	LE.					İ			
the	Ĕ	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):												
	E	resulting in deeth) LAST												
Mental Hygiene Ijury, or other	CE	PART II. Other significant condition	s contributing to death b	ut not resulting in	the underly	na sausa shun in	Port I							
and and	EDICAL		- contributing to datell b	at not readiting if	tha underly	ng ceuse given in	Part I.	4a. WAS AN PERFOR		AWA	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE			
ws a							— II	YES 2	<b>Х</b> Мо		DEATH?			
shov	Σ			<u> </u>			- 1			1 [	YES 2 NO			
State Dept. of Health Item 23 shows ar	IAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	reck only one)							
State	SICI	EXAMINER?	HOSPITAL:		OTHER:	me 5 Residence		0						
d, 04	PH	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME	OF 26c, II	JURY AT			NJURY OCCU	REO				
after death with 28 is marked,	BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO								
is a		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, off	Ice	261. LOCAT	ION (Street a Town, Stete)	nd Number or	Rural Route	Number,			
n 28	ETE	4 Homicide determined					Only or	iown, steley						
72 hours	7	290. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my knowl	ledge, death occurred	at the time, de	te and place, end due	to the cause	r(s) end man	ner es stated.					
NE II	COMPL		R: On the basis of examination								d manner es stated.			
PORTANT	EC	29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Det									onth, Day, Year)			
be filed within	OB	18084W>	3-0-PAREI	CH Mr	)	D184.	24		▶ 6	-30.	93			
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  13. D. PAREICH MO 1908 HARFORD ROAD PAUSTON MO 21047.  31. DATE FILED (Month, Day, Year)  32. REGISTRAN'S SIGNATURE  4. Jan Jandson-Randere									-				
		B.D. PAREICH I	no 1908 H	ARFORE	ROB	O FA	USTO.	NW	0 21	047	•			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE (D)										
- 1	- 1	WW 0.1 100	VILLIO DOLLASON	-National										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OPE. MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, II, 27, 28a,b,d,e,f, PER MEO

	REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH												
	_ARTHUR	LEE			חחד	O.E.		MONTH	DAY		1745 704		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	, last birthday)	PRI		R 24 HRS.	0.6 10			6:38 F		
	217-36-4613	<b>№</b> 2   F	57	YRS.		AYS HOURS	MIN.	5/3/193	6	Count	ry)		
	9e. FACILITY NAME (If not institution,	give street and number)			9h CITY TV	OWN OR LOCAT	ION OF DE		Warwick, M				
۳							ION OF DE	SAI H	96. COU	MITOFL	PEATH		
6	1066 MIDDLEN	ECK ROAD			WAR	ICK		CECIL					
DIRECTOR	10a. STATE 10b. CO	UNTY			Y, TOWN OR					10d. INSIDE CITY			
- 11	Maryland Ced	cil		W	arwic	:k					LIMITS?		
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEN			WHAT COUNTRY?		
<u> </u>	1066 Middle	e Neck R	₹₫.		21912				U	SA			
בַּ	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S.		13. WAS DECENDENT OF HISPAN			HC ORIGIN? (Specify Y	s or No-	14. RACI	E American Indian, k, White, etc.		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	FORCES? 1 YES 2 NO  If yes, specify Cuben, Mexicen, Butfile Rican; etc.)  If yes, GIVE WAR OR DATES  If yes, specify:  NO Specify:							Speci			
ED	15. DECEDENT'S	EDUCATION	1		1						WILLUE		
4	(Specify only highest	grade completed)	completed) (Give			IPATION ng most of worki	16b, KIND OF BI	JSINESS/IN	DUSTRY				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	<i>⊪ы. Do NOT u</i> Farme			Farmi	ng					
5	17. FATHER'S NAME (First, Middle, Las	0			40.110	LIEDIA							
		ice III						ME (First, Middle, Maide beth Si	hriv	er			
BE.	19a. INFORMANT'S NAME (Type/Print)		т	195 MAII INC	ADDRESS (0			Route Number, City or To					
2	Lousia Pleas	santon	- 1								De.19709		
			20h Bi 4	CE AND DATE			~ 01				_		
	20a, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3   4 Donation 5 Other (Specify)	Removal from State	cemetery,	crematory or o	ther place)		<b>3</b> 000		OCATION —		<sub>wn, State</sub> 1,Delawar		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSIA -	1 01	u st.		S Ce			иате	COWI	, DETAWAL		
	DANIELS & HUTCHISON												
4	212 N. Broad Street, Middletown, De. 197												
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		OPION				ing, suci	n as cardiec or resp	oiratory an	rest,			
RTIFICATION	disease or condition	sBUPR(		INTO	XICAT F):		ing, sucr	n as cardiec or res	olratory an	rest,	Interval Batwe		
EDICAL CERTIFICATION	Sequentially list conditione, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. BUPR (  DUE TO  C. DUE TO  d. Itlone contributing to	O P I O N O (OR AS A CON O (OR AS A CON	INTO	X I C A T F): F):	I O N		Part I. 24s. WAS A	N AUTOPSY RMED?		Interval Batwe Onset and De		
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CCIO.		must
principles and commerce has been agreed by the entering pripage and comprehensive med in by the terretain page		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
oy une	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	dical
200	0	E
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and a	crem:	vent.
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200	HOURS	Item

	1 - FOR STATE REGISTRAR	TE OF MARYLAN	D / DEPAI CERTIF					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATN			3. TIME OF DEATN	
	Edith E	Eleanor	Petr	onis	5			MONT 6	20	Ď 9	93	9:23 p M	
	4. SOCIAL SECURITY NUMBER 5. SEX		s. lest birthday)	IF UNDER		IF UNDER			OF BIRTN		8. BIRTNPLACE (State or Foreign Country)		
	126-22-3297 □ □ м	12X1 F 64	YRS.	MONTHS	DAYS	HOURS	MIN.	3-	31-19	29		v York	
_	Sa. FACILITY NAME (If not institution, give street and r	number)		9b. CITY	, TOWN C	R LOCATION	ON OF DE	EATH		9c. COUN	TY OF DEA	ATN	
DIRECTOR	Memorial Hosp	oital			Ea	sto	n				Ta	lbot	
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN (	OR LOCAT	ION					Τ,	IOd. INSIDE CITY	
DIR	Maryland Talbot			asto							- 1	LIMITS?	
	10e. STREET AND NUMBER				101	ZIP CODI				10g, CITIZ		AT COUNTRY?	
ER/	6561 Hopkins Nec				2160	) ]			US				
BY FUNERAL	11. MARITAL STATUS 12. WAS	S. ARMED	13.	WAS DEC	ENDENT O	F NISPAN	NIC ORIGII	N? (Specify Yee		14. RACE -	- American Indian,		
Y F		CES? 1 YES 2 ES, GIVE WAR OR DATES				2 X NO			Ricen, etc.)		Specify:	White, etc.	
										W	vhite		
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed	184	(Give kind of life, Do NOT u	work done			g	168	. KIND OF BUS	SINESS/INDI	USTRY		
7	Elementery/Secondary (0-12) College	e (1-4 or 5+)		EIII III									
COMPLETED	12 1 Homemaker  17. FATNER'S NAME (First, Middle, Lest)  18. MOTNER'S NAME (First, Middle, Meiden Surname)												
8	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Henry W. Petronis  6561 Hopkins Neck Road, Easton, MD 21601												
	200. METNOD OF DISPOSITION	20b. PL/											
	1 X Burial 2 Cremation 3 Removal from State  4 Departure 5 Other (County)												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Oxford Cemetery 6-26 Oxford, MD												
	Newnam Funeral Home, P.A.												
	23 PARTI For the dearent State of the dearent State												
	snock, or heart feiture. Liet only	ona causa on each	line.							retory arre	eat,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A CO)	Jahr.	A	H	OM	C	ı.dr	nuo			Onset and Death	
	resulting in death) e. //C	DUE TO (OR AS A CO)	NSEQUENCE O	100	-///	<i>711</i>	090					24	
_	//	ntracian	ial 1	Kee	P.							1 Week	
2	Sequentially fist conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE O	F):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	suast	Cano	21								491s	
E	that initiated events	DUE TO (OR AS A CO	NSEOUENCE O	F):								-	
CERTIFICATION	resulting in death) LAST								_				
10	PART II. Other significent conditions contrib	buting to death but n	ot resulting	In the un	derlying	COLUMN	iven in	Part I	24a, WAS AN	AUTOBOV	245 W	/ERE AUTOPSY FINDINGS	
						, 00000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ui ( ).	PERFOR		A	MAILABLE PRIOR TO COMPLETION OF CAUSE	
ED								-	1 TYES 2	□ NO		F DEATH?	
≥								_			1	YES 2 NO	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF O	EATN (Che	eck only or	ne)				
SIC	EXAMINER? HOSP	ITAL:	# 3 [] DOA	OTHER	t:			6 🗆 Othe					
ξ		. DATE OF INJURY	26b. TIM	E OF	28c. INJ	JRY AT	stoerice		CRIBE NOW IF	JURY OCC	URED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M	1 🔲 Y	RK? ES 2	NO						
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											rte Number,		
٦ ا	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To t	the beat of my knowledge	e, death occurr	ed at the II	me, date	end place.	end due	to the cer	use(e) and men	ner as siste	d	-	
<u> </u>	one) 2 MEDICAL EXAMINER: On the											nd menner ee stated.	
BE	David Smith	•				02	90X	7		DATE	6/2	25/93	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLE	ETED CAUSE OF DEATN	(ITEM 27) (Type,	Print)		- /	.00	(			1	., -,	
	David Smith, M.D				ven	ue.	Eas	ston	. Md	2160	1		
ı	31. DATE FILED (Month) Day 33.	REGISTRAR'S SIGNATUR	RE JADO						,	0	-		
- 1	31. DATE FILED (Month) Day bas 32, REGISTRAR'S SIGNATURE												

1 3/2

MARYLAND 21215-0020

BALTIMO

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760, PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	BALT	4 hours after death.
8	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JAMES FRANCIS OUINN 06 27 2300 93 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 1 X M 2 🗆 F 214-05-9654 86 09 09 Maryland he detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR SACRED HEART HOSPITAL ALLEGANY CUMBERLAND RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Allegany Frostburg 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 16 Uhl Street U.S.A. 21532 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 → YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married ВҰ 1 TYES 2 NO Specify: 3 Widowed 4 Divorced W.W.II White COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 Retail Sales Carpet & Flooring 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Estella James H. Quinn 8 Tippen 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Quinn 16 Uhl Street Frostburg, Md. 21532 Grace pe 20a. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Slata Burial 2 Cremetion 3 Removal from State must St. Michaels Cemetery 6/30/93 Frostburg, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Durst Funeral Home Chin uce 57 Frost Avenue Frostburg, Maryland 21532 medical 23. PARTA. Enter the diseases, or complications that caused the deeth. Do not anter tha moda of dying, such as cardiec or respiratory arrest, Approximata ahock, or heart feliure. Liet only one cause on each lina. intervai Between **IMMEDIATE CAUSE (Finel Onset and Death** the disease or condition resulting in death) traumatic event, attending physician and con ntal Hygiene prior to burial, (Oronary CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 After this certificate has been signed by the atterdeath with the State Dept. of Health and Mental injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2-MO OF DEATH? 1 | YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item HOSPITAL: OTHER: 1 YES ZYNO 4 Nursing Home 5 Residence 6 Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF marked, 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Matural 1 YES 2 NO ВҮ 2 Accident TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: It item 28 is m 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide ETED 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 2 WHO COMPLETED CAPSE OF DEATH (ITEM 27) (Type, Pring) ZSOten My AEGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE LOU QUESTION TOWNERS  254-26-9567   SEX   LOUGH FIRST   SECRET	- 1	1. DECEDENT'S NAME (FIRST, MIDDIE, LIIST)				2	MONTH D	Y YE	3. TIME OF DEATH			
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THE STATE OF THE PROPERTY OF THE STATE OF TH							DATE OF BIRTH	9. 6	BIRTHPLACE (State or Foreign			
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BECOMPT SECRETIVE SECRETIVE (PLT2)  SECRETIFIES STAME (FIRE, MASS, LAU)  THE DECEMBER SHAME (FIRE, MASS, LAU)  THE DECEMBER SHAME (FIRE, MASS, LAU)  THE DECEMBER SHAME (FIRE, MASS, LAU)  THE SHAME SHAME (FIRE, MASS, LAU)  THE SHAME SHAME (FIRE, MASS, LAU)  THE SHAME SHAME (FIRE, MASS, LAU)  THE SHAME SHAME SHAME (FIRE, MASS, LAU)  THE SHAME SHAME SHAME (FIRE, MASS, LAU)  THE SHAME SHAME SHAME (FIRE, MASS, LAU)  THE SHAME S	B		IF YES, GIVE WAR OR	DATES	1 YES 2 NO Specify: Specify:							
Neal McDinald  199. Maling Address (grow and Authorize of Rain Roam Number City or Nam. State, 12 Code)  199. Maling Address (grow and Number of Rain Roam Number City or Nam. State, 12 Code)  209. METHOD OF DESCRIPTION  11. Qualitat 2 Commention 3 C Removal from State  1. Dominion 5 C Other (Society)  21. SIGNATURE of States And Address of Proceedings of States (Society States)  22. MANUAL AND ADDRESS OF PROCEDURE OF STATES (STATES)  23. SIGNATURE of States And Address of Processing of States (Society States)  24. Dominion 5 C Other (Society)  25. Sequentially list conditions, 12 Final Machine of Rain Roam Number of Park II., MD  26. MARCH AND ADDRESS OF PROCEDURE OF States (Society States)  27. SIGNATURE of States (Society States)  28. PART I. Enter by diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, 13 High Street C. Che stertown, MD21620  27. SART I. Enter by diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, 14 Home Advanced Conference on the Comment of States (Society States)  28. Sequentially list conditions, 15 Final Machine of Rain Roam Number of Rain Roam Num		15. DECEDENT'S EDUCA	ATION	16a DECEDENT'S I	ISUAL OCCUPATIO		101 1010 00 011					
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Neal McDinald  199. Maling Address (grow and Authorize of Rain Roam Number City or Nam. State, 12 Code)  199. Maling Address (grow and Number of Rain Roam Number City or Nam. State, 12 Code)  209. METHOD OF DESCRIPTION  11. Qualitat 2 Commention 3 C Removal from State  1. Dominion 5 C Other (Society)  21. SIGNATURE of States And Address of Proceedings of States (Society States)  22. MANUAL AND ADDRESS OF PROCEDURE OF STATES (STATES)  23. SIGNATURE of States And Address of Processing of States (Society States)  24. Dominion 5 C Other (Society)  25. Sequentially list conditions, 12 Final Machine of Rain Roam Number of Park II., MD  26. MARCH AND ADDRESS OF PROCEDURE OF States (Society States)  27. SIGNATURE of States (Society States)  28. PART I. Enter by diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, 13 High Street C. Che stertown, MD21620  27. SART I. Enter by diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, 14 Home Advanced Conference on the Comment of States (Society States)  28. Sequentially list conditions, 15 Final Machine of Rain Roam Number of Rain Roam Num	NO	17. FATHER'S NAME (First, Middle Last)	Zį.	<u> </u>	ener	40 1407115710 114145			nools			
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Chestertown, MD	P Rousby Ouesenberry Chestertown, MD  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Chestertown, MD											
20 PLACE AND STEP OF DIRPOSITION   10 PLACE AND STEP OF DIRPOSITION   10 PLACE AND ACT OF DIRPOSITION   10												
Commonwealth   Comm												
21. SIGNAMURE OF PRINCIPLE CAUSE IN A CONSCIUENCE OF:  22. PART I. Enter No diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, intraval Between Onset and Double of Constitutions, intraval Between Onset and Double of		1 Nouriel 2 Cremation 3 Remove	val from State	on PLACE AND DATE OF	er place)	me of 6/2	7 / 0 3 Ch	cation — city of	or Town, State			
The state of the			NSEE /	ot hake a				at Cilii	11,110			
Approximate interval diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, interval Between another than the following one cause on each line.  Approximate interval and Death interval Between Organic and Death interval Between Organic and Death interval Between Organic and Death interval Between Organic and Death interval Death		14. 2	1.01.		Fello	ws-Well:	s Funera					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O		Hary B	Illeris		413 F	ligh Str	eet, Ches	sterto	wn, MD21620			
MMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, and consequence of consequen		23. PART I. Enter the diseases, or co	emplications that cause	ed tha death. Do no	ot entar the mod	da of dying, such s	s cerdiac or reapi	ratory srreat,				
DUE TO (OR AS A CONSEQUENCE OF):    Sequentially list conditions, and any investigation in mediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST    PART II. Other significant conditions contributing to death but not resulting in the underlying ceuss given in Part I.   24a, Was AN AUTOPSY PROPAGE OF):   The initisted events resulting in death) LAST    PART II. Other significant conditions contributing to death but not resulting in the underlying ceuss given in Part I.   24a, Was AN AUTOPSY PROPAGE OF COMPLETON OF CAUSE OF DEATH?   YES 2   NO   YES 2   NO   YES 2   NO   YES 2   NO   YES 3   NO   YES 3   NO   YES 4   NO   YES 4   NO   YES 5   NO   YES 5   NO   YES 6   NO   YES 6   NO   YES 6   NO   YES 7   YES 7   YES 8   YES 8   YES 8   YES 9   YES			1									
Sequentially list conditions, I ary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE		disease or condition Procest Cauchy										
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	1 <u>2</u>	If any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF)	:							
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	5					3.0011111111			AVAILABLE PRIOR TO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1							_ 1  YES 2	□ NO				
M 1 YES 2 NO    Accident   Investigation   20   Accident   S   Could not be determined   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							-		1 YES 2 NO			
M 1 YES 2 NO    Accident   Investigation   20   Accident   S   Could not be determined   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)	¥	25. WAS CASE REFERRED TO MEDICAL			04 54	ACE OF AFATH FOLLAR						
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M 1 YES 2 NO    Accident   Investigation   20   Accident   S   Could not be determined   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)	¥∥			100000				I II IOV O O O I IO E				
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated.  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated.  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated.  29e. LICENSE NUMBER 29d. DATE SIGNATURE  31. DATE FILEO (Month, Dey. Year) 32. REGISTRAR'S SIGNATURE					RY WOI	HC?	d. DESCRIBE HOW IF	GURY OCCURE	D			
4 Homicide determined building, etc. (Specify)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end manner se steted.  29g. LICENSE NUMBER  29g. LICENSE NUMBER  29d. DATE SIGNED (Month) Day, Year)  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	2 Accident "Trestigation" 28a PLACE OF IN HIDY Al home form should be to see the second secon											
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230. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		296. SIGNATURE AND SITLE OF CERTIFIER				29C LICENSE NUMBER	R	29d. DATE SIN	NED (Month) Day, Year)			
31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		(I) HTUW				039887		6/2	4-193			
	- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, F	Print)	1						
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1 JUN 28 93 gulia Davidson-Randale												
	1		P1									

	1. DECEDENT'S NAME (First) BENJAMIN	CA	RLIS	LE	RO	)BE	Y	Ţ	JUNE 2	DEATH	<b>"</b> 1993	YEAR	3. TIME OF DEATH 11:10 P				
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	rs. last birtl	hday) IF	UNDER 1 YEAR	R #	F UNDER 24 HRS		7. DATE OF E	BIRTH		a. BIRTI	IPLACE (State or Foreign	_	
	215-34-336	9	1 🔯 M 2 🗌 F	8	5 Y	RS. MOA	THS DAYS	B H4	OURS MIN.		(Month, De Feb.	y: Year) 13,	1908	a. BIRTHPLACE (State or Foreign Country)  Maryland  DOUNTY OF DEATH  ARLES    10d. INSIDE CITY LIMITS?   1			
	9a. FACILITY NAME (If not in					9b.	CITY, TOW	N OR L	OCATION OF	_						_	
FUNERAL DIRECTOR	PHYSICIANS		IAL HOSP	ITAL		I	A PLA	ATA					CHAR	RLES			
딥	RESIDENCE OF DEC	10b. COUNTY			104	e CITY TO	WN OR LOC	CATION		_						_	
E I	Maryland	Cha	rles		"		dian 1	- 11							LIMITS?		
اچ	10e. STREET AND NUMBER								P CODE	_			10a CIT	IZEN OF V		_	
ER/	44 Elder Pla	ice						2	0640				log. or				
S	11. MARITAL STATUS		12. WAS DECEDEN			-	13. WAS D	ECEN	ENT OF HIS	PANIC	ORIGIN? (S	pecify Yea	or No —			_	
BY F	1 Never Married 2 3 Widowed 4 Divo	277	FORCES?				If yes,		y Cuban, Max X NO Spa		Puerto Ricar	n. etc.) Black, White, etc.					
										Wh	ite						
COMPLETED	15. DEC (Specify only	(Give kir		AL OCCUPA done during		f working		16b. KIN	O OF BUS	SINESS/ING	DUSTRY						
F	Elementary/Secondary (0-12) College (1-4 or 5 +)						-	70	Onoral		_	TIC C	3				
MO	17. FATHER'S NAME (First, M	iddle, Last)		Powder Explosive Operator U								nmer	it	_			
Ü	Turner Ashb	y Robe	У											ankl	in		
) BE	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MA	ILING ADD	PRESS (Stree	et and I	Number or Rur						.111		
2	Rose Marie B	aldwin													20613		
	20g. METHOD OF DISPOSITI	ON 3 D Barno	wal from State	20b. PL	ACE AND D	DATE OF DI	SPOSITION	Nama	nf.		DATE	20c 1.00	CATION -	City or To	our Ctate		
	4 Donation 5 Other	(Specify)	rinit	y Me	moria	al (	Garder	าร	6-25	_Wal	aldorf, Md.						
	21. SIGNATURE OF FUNERAL	SERVICE US	-OKaw	u	22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home												
		G. Br						orf	MA	206	04-0156						
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin	eart fallure. L	omplications the	t caused the	e death.	Do not e	onter the n	node	of dying, s	uch	as cerdiac	or reepi	ratory an	rest,	Approximate interval Between		
	disease or condition resulting in death)  a. CONGE PENAL FAILURE  DUE TO (OR AS A CONSEQUENCE OF):																
z I	Sequentially list conditi	000	REG	RAC	TOP	24	Col	00	EES7	11	VE E	HOA	0-	FACE	YRE		
CERTIFICATION	If any, leading to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A CO	NSEOUEN	CE OF):	100		Acic	2	NICE	100					
윤	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A CO	NSEQUEN	ISEOUENCE OF):  LOTING ALRWAYS DISEASE ISEOUENCE OF):					176-						
F	resulting in death) LAS	Г															
	PART II. Other significe	nt conditions	contribution to	death but -	not requile	N 1- 1-			ST 20 / 10		T	1101E					
MEDICAL		THE CONTRACTOR	contributing to	deeth but i	not reeun	ung in in	e ungeriyi	ing ce	suse given	IN Pa	art i. 24a	PERFOR		24b.	AMILABLE PRIOR TO		
											-  ¹□	YES 2	□ NO		OF DEATH?		
- 11											-				1 YES 2 NO		
Ž	25. WAS CASE REFERRED TO	MEDICAL					26.	PLACE	OF DEATH	Check	conty one)		-			_	
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatier	nt 3 🗆 Di		HER: Nursing Ho	ome 5	Residenc	. 8	Other (Spi	ectfv)					
ᇎ	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	26b	. TIME OF	28c, II	NJURY VORK?	AT	-	ed. DESCRIE		JURY OC	CURED			
ΒÝ		Pending nvestigation							2 NO								
COMPLETED		Could not be letermined	28e. PLACE () building,	F INJURY — A atc. (Specify)	At home, fr	nrm, street	, factory, off	lice		2	City or Tox	N (Street a vn, State)	nd Number	or Rural F	loute Number,		
<u> </u>	29e. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge	e, death o	ccurred at	the time, de	rta and	pleca, and d	ue to	the cause(s)	end man	ner ee stat	ed.			
Š												) and manner as stated.					
BE									c. LICENSE N		ER		29d. DAT	E SIGNED	(Month <sub>g</sub> Day, Year)	_	
2							D-16132					3/93					
	Nallan Rama	krish	na, MD.	7D Pos	t Of	fice	Road	Се	enna C	en	ter W	aldo	rf,	Mary	land 20602		
31. DATE FILED (Month, Day, 1601)  32. REGISTRAR'S SIGNATURE  Juna Davidson-Randate,																	

1, 2, 3 should

permit. Pages

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from the feath. Present the relained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed as by the human director, page 5 should be detached for use as the buriar has fleet within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to buriar, cremation.	once.
d by t	og p	20
retaine	shou	attille
E	9000	20
I	Precios, 1	r must
Seth. Par	Ameral of	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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HOUTE	od in	med
in 24	nation	the
ed with	ompler	even
execut	and c	matic
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DING	After death	E ma
ATTEN	CTOR:	28 1
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SPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled at by the high expension of the site of the property of the site of the property of the site of the property of the site of the property of the site of the property of the p	N H
HE HC	THE FU	ORTA
5	2	IMP

93 20807 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR **ALBERTA** RANDOLPH 06 93 2:50PM 19 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTNPLACE (State or Foreign DAYS 1 🗌 M 2 🔍 F 258-42-7898 Georgia 09 01 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince Georges Maryland Hyattsville XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6800 High View Terrace, #002 20782 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 YES FORCES? 1 YES TONO
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TES 2 NO Specify: BY 2 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Private 6th Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) BE West Armstrong Moriah Zellus 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20782 6800 High View Terr., #002, Hyattsville, Kimberly C Williams 20e. METHOD OF DISPOSITION

1 X Burtal 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Harmony 6/26/93 Landover, Maryland Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
J.B. Jenkins Funeral Home mm 7474 LandoverRd./Landover, MD 20785 21. PART I. Enter the discusses, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or man failure. List only one cause on each line. Approximate Interval Between INMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) Cordino DUE TO (OR AS A CONSEQUENCE OF): 0 CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in daeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO Disease enera on COMPLETION DF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) HOSPITAL: OTHER:
4 □ Nursing Nome 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 27. MANNER OF OEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OEŞCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 🗌 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINED. On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. POL SIGNATURE AND TITLE OF CERTIFIE Ministry 29c, LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) evaller HURTAL 16273 ENATHS 93. 2

D

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Digo, Print)

ANDOVER

32. REGISTRAR'S SIGNATURE

4.6130

31. DATE FILED (Month, Day, Year)

1993

ANDOUER MD 20875

1		STATE REGISTRAR
ī	_	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFICATE	OF DEATH	REG. NO	O.	
	1. DECEDENT'S NAME (First, Middle, Last		TIAD!	RUTKOWS	SKI	2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-07-5003	1 🗌 M 2 🔀 F	AGE (In yrs. lest b		EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Pay, 169) 1		BIRTHPLACE (State or Foreign Country) land
ECTOR	9a. FACILITY NAME (If not institution, give		4 ome		WN OR LOCATION OF D		9c. COUNTY	of DEATH
E O	4	arford		10c. CITY, TOWN OR L Bel				10d. INSIDE CITY LIMITS? 1 VES 2 1 NO
FUNERAL		ry Village			101. ZIP CODE 21014			OF WHAT COUNTRY? JSA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Mexico YES 2 NO Specific	en, Puerto Rican, etc.)	ss or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)		(Give	hind of work done during on NOT use retired.)			USINESS/INDUS	(plants)
COMPL	17. FATHER'S NAME (First, Middle, Last)			<del>ZORCEPEL</del>	18. MOTHER'S NA	ME (First, Middle, Maide Rober	n Sumame)	carborough
TO BE	Floyd (nm: 190. INFORMANT'S NAME (Type/Print) Eig Michael Vo		19b. 1		reet and Number or Rural efield Rd.	Route Number, City or To	wn, State, Zip Co	ole)
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	comoton, preme	D DATE OF DISPOSITION (NO. 1) DISPOSITION (NO.	M(Neme of orial Gar		ocation — city 3 — 9 3	or Town, State Bel Air, Md.
	21. SIGNATURE OF FUNERAL SERVICE I	DUA CO	NION	Howa	ard K. McCa 17 Cokesbu	omas III F	uneral ngdon,	Home, P.A. Md. 21009
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (DR	AS A CONSEDUI	ENCE OF):	LERUS	315		
MEDICAL	PART II. Other significent condition	ons contributing to de	eth but not res	uiting in the under	riying cause given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Words and a second	OTHER:	28. PLACE DF DEATH (CI	15 1-2 1 2		
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, )	URY	28b. TIME OF 18b. INJURY 28	Home 5 Residence c. INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
E	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF IN	JURY — At home (Specify)	s, farm, street, factory,	office	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE	1666	SICIAN: To the best of my VER: On the basis of exami						suse(s) and manner as stated.
TO BE C	Danty C	nonch	Juny.	2	C. LICENSE NU	MBER	29d. DATE S	GNED (Morth, Day, Year)  3/93
	36. DATE FILED (Month, Day, Year)	/HD COMPLETED CAUSE C	AKL	1 111	MANR	EDE (	moc	e md
	JUL 06'93	0	- Manda 02					

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH

2 47

M 2. DATE OF DEATN CAME DAY YEAR 22 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 TF 240-07-0202 2-4-1905 North Carolina 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF DEATH MAJOUIM grow med. Andrea DIRECTOR Prince George's RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Virginia Fairfax Vienna 1 | YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Locust Street 22180 USA Fuge 6 Tay to retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES XXX NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. IMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried Specify: White ВҮ 3 ₩idowed 4 □ Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Ghas kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Coffege (1-4 or 5+) 3 ye<u>ars</u> Housewife Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Robert Latney Rogers Roxie Ann Scarborough BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles Locust Street A. Rossi Vienna, Va. 22180 2 20a. METHOD OF DISPOSITION

1 V Burial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Must Cedar Hill Cemetery 6 - 26 + 93Suitland, Maryland 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY examiner George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill. the Md. 20745 hours after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, in by Approximata shock, or heert fellure. List only one ceuse on eech line. interval Between 0 filled **IMMEDIATE CAUSE (Finel** Onset and Death the cremation, diseese or condition MillERC completely executed within other traumatic event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, OUE TO (OR AS A CONSEQUENCE OF an and com S leux CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause, Enter UNDERLYING attending physician ntal Hygiene prior to HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 signed by the atter Health and Mental Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 NO OF DEATH? 1 TYES 2 NO has been of the Dept. of the n 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Item certificate h OTHER: 1 Inpetlant 2 ER/Outpetlent 3 I DOA TYES 2 NO ne 5 🗆 Residence 6 🗀 Other (Specify) the 9 27. MANNER OF DEATN 28a. DATE OF INJURY 28d. DESCRIBE NOW INJURY OCCURED this c 28b. TIME OF 28c. INJURY AT WORK? marked, Netural

Accident DIRECTOR: After the hours after death w 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL OF THE WITHIN 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE Whi 6 7162 2 30. NAME AND A ODRESS OF PERSON WHO COM PLETED CAUSE OF GEATH (ITEM 27) (Type, Print) MD 20172 3 upper more/burg DA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Savidson-Randall

by the hospital or attending physician. BALTIMORE, MARY AND 21215-0020 fine death, Page 6 me the strength of attending physicial 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- STATE REGISTRAR		CERTIFI	OAIL OI	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Li					2. DATE O	OF DEATH DAY	YEAR	3. TIME OF	DEATH
WILLI  4. SOCIAL SECURITY NUMBER		ROWE			7	4	1993		5 A
218-40-4703	1 M 2 F	GE (In yrs. last birthday)	MONTHS DAYS	HOURS MIN.		Day, Year)	Cou	THPLACE (State ntry)	
9a. FACILITY NAME (If not Institution, g		55 YRS.	9h CITY TOWN	OR LOCATION OF I		5/38	Dc. COUNTY OF	aryland	1
	PE CREEK	2 - 6		N BRIDG			CARR		
RESIDENCE OF DECEDENT			ONTO	DITLIDG	E		CARR	ULL	
10a. STATE 10b. CO			, TOWN OR LOCA					10d. INSIDE LIMITS?	
Maryland	Carrol1	Ut	nion Bri				1131	1 TES 2	4.0
	- D.1		10	f. ZIP CODE	701			WHAT COUNTE	177
4598 Middlebu:	rg KQ.	ER IN U.S.ARMED	13. WAS DEC	ZI CENDENT OF HISPA	791	(Specify Ves or	U.S	. A . CE — American	Indian
1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes, sp	ecify Cuban, Maxk	an, Puerto Ri		Ble	ick, White, etc.	
3 Wildowed 4 Divorced				I M Space	ny.		Spi	White	9
15. DECEDENT'S (Specify only highest g	EDUCATION trade completed)	16a. DECEDENT'S U	USUAL OCCUPATE rork done during mo retired.)	ON ost of working	16b.	KIND OF BUSIN	ESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 8+)								
17. FATHER'S NAME (First, Middle, Last)		owner-c	operator	_		excavat		-	
				18. MOTHER'S N			141		
Sterling N. Ro	we	19h MAILING	ADDRESS /Strawt	GLAG		len Mar			
Joanne C. Rowe		The second second second		irg Rd.				21791	
20a, METHOD OF DISPOSITION		20b. PLACE AND DATE O			DATE		TION — City or		
1 ABuriel 2 Cremation 3 5 4 Donation 5 Other (Specify)	Removat from State	Pipe Cree	her place!	erv	7/8	nr N	lew Win	dsor, N	4D
21. SIGNATURE OF PUNERAL SERVICE							1011 11 111	GOOL , .	12
21. SIGNAL DE PONERAL SERVICI	E LICENSEE	11	22. NAME A	ND ADDRESS OF F	ACILITY	D 11	. 1	0 0	
1 athanine	E LICENSEE	Bler			D.		tzler	& Sons	
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition	or complications that cause of	r aach line.	Uni	ion Brid	D. ge, MI	)		Appro	
23. PART I. Enter the diseases, ahock, or heart feliu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	or complications that course of the course o	used the death. Do not a ach line.  AS A CONSEQUENCE OF	Uniot enter the mo	ion Brid	D. ge, MI	)		Appro	ni Betwe
23. PART i. Enter the diseases, shock, or heart feliu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	or complications that cause of the List only one cause of the Due to (or A Due to (	AS A CONSEQUENCE OF	Uniot enter the mo	ion Brid	D. ge, MI	)		Appro	ni Betwe
23. PART i. Enter the diseases, shock, or heart feliu immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications that cause of the List only one cause of the List on th	AS A CONSEQUENCE OF	Uniot enter the mo	ion Brid	D.ge, MI	)	lory arreat,	Appro	al Betwe
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23. PART I. Enter the diseases, ahock, or heart fellul IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications that cause of the List only one cause of the List on the L	AS A CONSEQUENCE OF	Uniot enter the mo	on Brid	ge, MI ch as cerdi	24a. WAS AN AU PERFORMI	ITOPSY 2	Approintervious of the state of	SY FINDING NO F CAUSE
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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within the jain safer death. Page 6 may be remined to attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a mound of the control of the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL	ATTENDING	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is m
D	SPITAL DR	VERAL DIR	IT: If iten
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REG. NO.
	BOKERT R, BOYSTON (mn Ross) 2. Date of Death Month To Jay YEAR AND ROSS 7- 3- 938 AND ROSS
7	1. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Year)   4 /
	Is. FACILITY NAME (If not institution, give street and number)  A P7 30 9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
TOR	30 LOCUST ST " WESTMINSTER CAKEGLL
DIRECTOR	106. STATE  106. COUNTY  106. CITY, TOWN OR LOCATION  107. CARROLL  108. STATE  109. STATE  100. CITY, TOWN OR LOCATION  100. INSIDE CITY  LIMITS?  1 YES 2 NO
	0e. STREET AND NUMBER 10s. CTIZEN OF WHAT COUNTRY?
FUNERAL	30 LOCUST STREET APART 301 21157 U.S.A.
윤	1. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   MO   If yes, specify Cuban, Mexican, Puerlo Rican, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerlo Rican, etc.)
BY	Specify: Specify: Specify: Specify: SPECIFY: SPE
ED	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
ш	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)  Elemantary/Secondary (0-12) College (1-4 or 5 +)
COMPLET	12 DISABLED NONE
8	7. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	WILLIAM ROYSTON HAZELMARGUERITE SMITH
0	9a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  2/048  2402 C. L. L. L. DESDALE RD. FINKS BURG, MD,
	LINDA A. ABBOTT 2402 C. LYDESDALE RD. FINKSBURG, MD,  100. METHOD OF DISPOSITION (Name of completely, cremetary) or 20c. LOCATION — City or Town, Stata
100	Burlat 2   Cremetion 3   Removal from State   Children   Childre
8	H. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Q1 WINES 57, 21157
	* Nobert A. Myers MYERS FROMERAY HOME WESTAINSTER, M.
	23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such se cardisc or respiratory errest, Approximete
	ahock, or haart failure. List only one cause on each line.  Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. DROSERS1S - URIMARY TRACT INF  DUE TO (OR AS A CONSEQUENCE OF):
	DUE TO (OR AS A CONSEQUENCE OF):
N	Sequentially list conditions, Due to (or as a consequence of):
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING
윤	CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):
E	resulting in daeth) LAST
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
EDICAL	TOTAL COLLECTIVE TO COMPLETION OF CAUSE
	1 VES 2 NO OF DEATH?
Σ	1 YES 2 NO
PHYSICIAN:	25. WAS CASE TEFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
200	EXAMPLER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
H	22. MANNED OF DEATH 26s. DATE OF INJURY 26b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
	1. Netural 5 Pending (Month, Day, Year) INJURY WORK?  1 YES 2 NO
) BY	3 Sulcide 25s. PLACE OF INJURY — At home, farm, street, factory, office 25s. LOCATION (Street and Number or Rural Route Number,
TED	4 Homicide detarmined building, etc. (Specify)  City or Town, State)
7	19a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) end manner as stated.
В	19b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
00	Marie 4 Meller D11496 > 7-2-93
5	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 912 WAS FILLOTO P ROAD
	VIMIES & WELLIVERMD, WESTHINGTED MD 2115
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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		gigned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 south and Mental things to burial transit permit. Pages 1, 2, 3 south and Mental things to burial transit permit.
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BALTIMORE, MARYLAND 21215-0020	res that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	direct
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must the medical examiner other traumatic event, 2 6 Injury, been signed by ot. of Health and 3 shows any Ir DING PHYSICIAN: The law this certificate has b with the State Dept. 23 Tem. marked, or After t - 00 the state 28 Item ? hours 뚕 FUNERAL Within 72 IMPORTANT: IL

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30. NAME AND ADDRESS OF PERSON

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31. DATE FILED (Month, Day, Year)

BERWA,

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DN OF VITAL RECORDS, P.O. BOX 68760,

93 20812 ITEMS: 2. 28a-f, 25 & 27, PER MEO G-701 7/19/93 t.t/s.w FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME /First Middle Last 2. DATE OF DEATH 3. TIME OF DEATH YEAR 9:33 P. m JEAN L. SKILTON 1993 JUNE 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
JUNE 14, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 579-12-9373 1 M 2 TF 73 1919 WASHINGTON, DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BRADFORD OAKS NURSING CENTER CLINTON PRINCE GEORGES RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND PRINCE GEORGES HYATTSVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4410 OGLETHORPE STREET, #311 20781 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. ORCES? 1 YES 2
YES, GIVE WAR OR DATES FORCES? 2 X NO 1 Never Married 2 Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced WHITE BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) VICE PRESIDENT BANKING notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) P. WALTER LAMBERT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOSEPH 4316 HAMILTON STREET, LILLY HYATTSVILLE, MD 20781 9 20s. METHOD OF DISPOSITION

1 Durial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State DATE 5 Other (Specify) ROCK CREEK CEMETERY WASHINGTON. 6/1621. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., M MD 2090 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) TO (OR/AS A CONSCOUENCE OF 0 PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO ent 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 284. DESCRIBE HOW INJURY OCCURED 28c, INJURY AT WORK? 1 Netural 5 Pending Investign PM 1 YES 2 NO 6-11-93 ВҮ 6 SUBJECT ASPIRATED FOOD 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide BRAFFORD OAKS N.H. NURSING HOME CLINTON MD 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(e) and menne (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or estigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner ee stated. 29d, DATE SHE 29c. LICENSE NUMBER BE 4.6 walus 2

7700 OLD BRANCH AVENUE CLINTON, MD.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE Julia Davidson-Randell 20735-1629

**MORE, MARYLAND 21215-0020** 

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DIVISION OF VITAL RECORDS, P.O. BOX 58/50,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed write 24	DIRECTOR: After this certificate has been signed by the attending physician and cumplemy in hours after death with the State Dept. of Health and Mental Hygiene prior to writh, commands
-	E	E &
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5	6	50
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) ESTHER 06 LOUISE SNYDER 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 91 ves 5 SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 06-17-1902 1 🗌 M 2 🖳 F 216225369 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH SACRED HEART HOSPITAL **CUMBERLAND** 10e, STATE 10c, CITY, TOWN OR LOCATION Allegany LaVale 10e. STREET AND NUMBER 101 ZIP CODE 5 Oaklawn Avenue 21502 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: FORCES? 1 YES 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3X Widowed 4 Olvorced 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) homemaker unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Beulah Norris John Morris 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thurmel Drive Cumberland, MD 21502 Mr. John R. Snyder 20e\_METHOD OF DISPOSITION
1 X Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE "HILICIEST" Burial Park 6-28 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home Cumberland, MD 21502 23. PART . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final cute disease or condition resulting in death) hen DUE TO (OR AS A CONSEQUENCE OF): wreteric Obstruction Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ladder Carcinoma CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Sepsis Me 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)

93 20813

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

Specify: white

1 YES 2 NO

93

9c. COUNTY OF DEATH

ALLEGANY

10g. CITIZEN OF

20c. LOCATION — City or Town, State

Cumberland, MD

USA

MD (Ountry)

3. TIME OF DEATH

16:10 P w

REG. NO

25

16b. KIND OF BUSINESS/INDUSTRY

own hame

24s. WAS AN AUTOPSY

1 YES 2 NO

PERFORMEO2

6 126

l	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
l		COMPLETION OF CAUSE OF DEATH?
ı		1 □ VES 2 □ NO

Approximata

aay)

interval Between Onset and Death

		TES Impatreme 2 Li Envoutpatient 3	LI DOA   4 LI NU	rsing Home 5 L Rasidence	6 U Other (Specify)
27. MANNER OF DEA  1 Netural  2 Accident  3 Suicide  4 Homicide	TH 5 Pending investigation 6 Could not be detarmined	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
		28e. PLACE OF INJURY — At he building, etc. (Specify)	me, term, street, fac	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
					· · · · · · · · · · · · · · · · · · ·

1 SETTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 \_\_\_ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated,

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

D33280

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

SUNTI. GUPTA M.D. JOHNSON HEIGHTS MEDICAL BLDG. CUMBERLAND, MD. 21502 31. DATE FILED (Month, Day, Year) 1993

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

allied to the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN	IE	20014
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MARGARET B.	SIMPSON					и <b>у</b> уел 26 93	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	NRTHPLACE (State or Foreign
	214-07-2781	HOURS MIN.	08-06-19	10 ငြိ	ountry) DH			
~	9a. FACILITY NAME (If not institution, give :	street and number)	91		R LOCATION OF D	EATH	9c. COUNTY (	
5	MEMORIAL HOSPITAL	_ MEDICAL CEN	ITER	CUMBER	LAND		ALLEG	ANY
EC	10a. STATE 10b. COUNT	Y	10c, CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
DIA	MD Al	legany	Cui	mberlar	nd			LIMITS?
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL DIRECTOR	P.O. Box 2391				21502		USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No- 14. F	RACE — American Indian,
ВУ	1 Never Merried 2 XMerried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O		1 Tyes, sp	2 NO Speci	en, Puerto Rican, etc.) fy:		Black, White, atc.  Specify: white
	15. DECEDENT'S EDU	ICATION	18. DECEMBER 10					
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done during mo	st of working	16b. KIND OF BU	SINESS/INDUSTF	TY .
P	unknown	College (1-4 or 5+)	employ	ree		tex	tile	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		4		ts. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
	David Bradle	<sub>è</sub> y				anna (nmn)	,	
TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		)
-	Rev. Dwight F.	Simpson	P.O. B	ox 128	Emporiu	m PA 15834		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem		PLACE AND DATE OF D				CATION - City	
	4 Donation 5 Other (Specify)  21. SIGNATUBE OF FUNERAL SERVICE LII		Sunset Mem				Cumberla	and, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	1 A	//		o ADDRESS OF FA	uneral Hom	e	
	Janes	+ NICO	now	Cum	perland,	MD 21502		
	23. PARTY. Enter the diseeses, pr ehock, or heert fellure.	complicatione that caused List only one cause on a	the death. Do not ech line.	enter the mo-	de of dying, suc	ch es cardiec or reep	iratory errest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition		( Roula					Onset and Death
	resulting in death)	6,						
_		OUE TO (OR AS A	CONSEQUENCE OF):	ets				
0	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):					
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.	0					ļ l
띨	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	d						
AL O	PART ii. Other significent condition	ne contributing to death it	ut not rysulting in t	he underlying	ceuse given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
Š		Lle	ul y	Kusir		PERFOI	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME		٥	BS 1	0			. LEI MO	OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL THER:	ACE OF OEATH (Ch	neck only one)		
ı∠sı	1 TYES 2 NO	1 Impatient 2 - ER/Outp	etlent 3 DOA 4	Nursing Home	5 Rasidence	8 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	RIC?	28d. DEŞCRIBE HOW I	NJURY OCCURE	0
B	2 Accident Investigation	28e. PLACE OF INJURY	— At home, farm, stree		ES 2 NO	***		
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spec	offy)	n, ractory, office		281. LOCATION (Street City or Town, State)	end Number or Hu	ral Houte Number,
9	29a. CERTIFIER DEPTIEVING DAVE	CIANI, To IIV hand		N				
₽ B		ICIAN: To life best of my know IR: On the bests of examination						(a) and
	296. SIGNATURE AND TITLE OF CERTIFIE							
BE	Wilnet	toka		1	D 36766		29d. OATE SIG	NEO (Month, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WH				2 30700			04-75
	VIC POONAI M.D.,	P.O. BOX 338,	CUMBERLA		21501			
	JUN 3 0 1993	32. EGISTRAR'S SIGN	ATURE					
	4011 9 0 1333	gual denses	- Roudolle					

		RESIDENCE OF DEC	CEDENT	
32		10e. STATE	10b. COUNT	Y
2	DIRECT	MD		legany
Ĩ.		10e. STREET AND NUMBER		
2	FUNERAL	407 Wash	inaton	Street
5 克	Z	11. MARITAL STATUS	2119 0011	12. WAS DECEDI
20 10 10 10 10 10 10 10 10 10 10 10 10 10			Married	FORCES?
AND 21215-0020 hospital or attending physical etached for use as the buris moe.	B	3 Widowed 4 Divo		IF YES, GIVE
215 allen ss as	TO BE COMPLETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)
2 2 2	ΙЩ	Elementary/Secondary (0		College (1-4 or
O to be	₫.	unknown		
Selection of the Party of the P	ō	17. FATHER'S NAME (First, M	iddle, Last)	
1 2/2 T	Ш	Willia	m Cros	SS
wil i	0	19a. INFORMANT'S NAME (7	ype/Print)	
	2	Ms. Doro	thy Bu	rch
E Page		20a. METHOD OF DISPOSIT	_	
ORE 16 may 1 ketor, pag must be		1 XBurial 2 Crematic	n 3 🗆 Rem	oval from Stata
		4 Donation 5 Other  21. SIGNATURE OF FUNERA		ENCEE
BALTIM er death. Page the toneral des val.			- SENTICE EN	1 10
SAI SAI	L	+ and	0 1	XIO
E > E 5		23. PART & Enter the di		
d in or re	1			List only one co
Pon, fille	1	IMMEDIATE CAUSE (Fin disease or condition	iel	
O, ithin thin the		resulting in death)	<b>→</b>	a
76 v bed v compound al, comp				DUE T
O. BOX 68760, ertificate be executed within 24 in physician and completely filler giene prior to burial, cremation, other traumatic event, the	S	Sequentially list conditi	ions.	b
De e or to or to	Ē	If any, leading to Immediates. Enter UNDERLYI	diate	DUE T
BC cate cate whysiq e pri	S	CAUSE (Disease or Inju		c
e Sing fin	E	that initiated events resulting in desth) LAS	,	DUE T
ION OF VITAL RECORDS, P.O. BOX 68760, MDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours I: After this certificate has been signed by the attending physician and completely filled in the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ret is marked, or Item 23 shows any Injury, or other traumatic event, the medi	PHYSICIAN: MEDICAL CERTIFICATION			d
RDS, Ithe deat by the attended Mental Injury,	2	PART II. Other significa	nt condition	s contributing t
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COR es that gned by safth an	ă	· · · · · · · · · · · · · · · · · · ·		
REC requires seen sign of Heal shows	M			
law ras ben as bent.	ä			_
ITA It The cate ha State D	N S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	
VI CIAN: ortifical he Sta	SI	1 - YES 2 - NO		HOSPITAL: 1 inpatient 2
SICI SICI CONTRACT THE THE THE THE THE THE THE THE THE TH	Ì	27. MANNER OF DEATH		28a. DATE C
ON OF DING PHYSI After this c death with		n / =	Pending	(Month,
ON After death	ВУ	A Delication	Investigation	28s. PLACE
	G		Could not be determined	building
DIVIS DIRECTOR hours afte	<u> </u>	29e. CERTIFIER . X.L		
M S P D D	린	(Check only		CIAN: To the best of
DIVIS TO THE HOSPITAL DR ATTER TO THE FUNERAL DIRECTOR THE MITTER THE MITTER THE METERIAL THE 28	TO BE COMPLETE	one) 2 MEDI	CAL EXAMINE	R: On the basis of
E FC d wit	В	29b. SIGNATURE AND TITLE	OF CERTIFIER	0
H 등 등 급	8	1 Le	bers	1/0-
FFA	5	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CA
3		1.1	. 412	+ CMO
		31. DATE FILED (Month, Day,	Maer)	133600000
-		a		CAMP 14, 134 (F74)

1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPARTI	MENT OF H	IEALTH AND	MEN	TAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Le MABLE IRET	•						ATE OF DEATH ONTH DA	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 161-20-4643	5. SEX 6.	AGE (In yrs. less	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		ATE OF BIRTH	IPLACE (State or Foreign ry)			
9a. FACILITY NAME (If not institution, git CUMBERLAND NU			9		OR LOCATION OF	DEATH		9c. COUN		EATH GANY
10e. STATE 10b. COU	NTY Allegany			TOWN OR LOCA						10d. INSIDE CITY LIMITS?
10. STREET AND NUMBER	100. STREET AND NUMBER 101. ZIP CODE									1 X YES 2 NO
407 Washington Street  11. MARITAL STATUS  1 Never Married 2 Married 5 Married 1 Never Married 2 Married 1 Never Married 4 Divorced 1 Never Married 5 Never Married 5 Never Married 6 Never Married 7 Never Married 7 Never Married 8 Never Married 8 Never Married 8 Never Married 9 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 3 Never Married 2 Never Married 3 Never Married 2 Never Married 3 Never Married 2 Never Married 3 Never Married 2 Never Married 3 Never Married 2 Never Married 3 Never Married 2 Never Married 3 Never Married 3 Never Married 3 Never Married 2 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 3 Never Married 4 Never Married 4 Never Married 4 Never Married 5 Never Married 5 Never Married 5 Never Married 6 Never Married 7 Never Married 7 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 8 Never Married 9 Never Ma									Black	E — American Indian, K, White, atc.
15. DECEDENT'S E (Specify only highest gr	DUCATION side completed)  College (1-4 or 5 +)	(Gi	ve kind of worl Do NOT use n		ON st of working		16b. KIND OF BUS			will be
unknown  17. FATHER'S NAME (First, Middle, Last)			homema	aker ———	18 MOTHER'S	NAME (F)	OWN rst, Middle, Malden	home		
William Cro	oss				Li	llie	Kaufma	n		
190. INFORMANT'S NAME (Type/Print)  Ms. Dorothy E	turch						oerland			
20a. METHOD OF DISPOSITION  1 [XBurlel 2   Gremation 3   Removal from State  4   Donation 5   Other (Specify)   20b. PLACE AND DATE of DISPOSITION (Name of Complete, crematory grapher place);  Sunset Memorial Park  20c. LOCATION — City or Town, State  Cumberland, MD										
21. SIGNATURE OF FUNERAL SERVICE	7 Dea	NA	ell	Sca Cum	berland	Fune , MI	eral Hom			
23. PART & Enter the diseases, of shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause	nused the decon each line.			de of dying, su	ich as	cardisc or respi	ratory arre	et,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEC	CE DENCE OF):							
PART II. Other significant conditi	ons contributing to des	sth but not re	esulting In t	the underlying	ceuse given i	n Part I	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/Outpatient 3	DOA 4	THER:	ACE OF DEATH (C					
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y	URY	28b. TIME O	F 28c. INJ WO		_	DESCRIBE HOW II	NJURY OCCU	URED	
3 Suicide S Could not b	28s. PLACE OF IN- building, atc.	JURY — At hor (Specify)	ne, farm, stre	et, factory, offici		28f. I	LOCATION (Street a City or Town, State)	nd Number o	or Rural R	oute Number,
	SICIAN: To the best of my									and menner as stated.
296. SIGNATURE AND TITLE OF CERTIF		w	V		29c. LICENSE N		181			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	A CM O	F DEATH (ITEM	127) (Type, Pri	HEY	57	G	unde	eld	d	ild.
31. DATE FILED (Month, Day, Year)	Selection And	SIGNATURE	letel.							

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2 THE Part of the State of the

BALTIMORE MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ned for use as	rurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
De Octac		at once
DINOUIS O		a notified
BORSE SOFT NO		Ĭ
To the	-	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examina
y ure	noval	cal e
7	Dr rer	Den
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Jul picter	І, сгета	event,
alta C	to buria	matic
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to Has	ite De	E 2
TINC OF	e Sta	Dr 16
23 60	vith th	ed,
TI MANUEL	death w	em 28 is marked, or
5	after	28 19
1	AUC	E

	FOR 1 - STATE REGISTRAR	STATE OF A	MARYLAND /	DEPAR ERTIF	TMEN	T OF H	IEALTH DE A	AND I	MENTA	L HYGIEN		3	208	16	6	
	1. DECEDENT'S NAME (First, Middle,	Last)					DEA		2. DATE	OF DEATH			3. TIME OF O	EATH	-	
	ALBERT	GAIL	SPRINGER						MONT	'H D/		YEAR	05:40	-AIII		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDE	R 1 YEAR	IF UNDER	24 HRS	JUI V 01 1003 24 HRS. 7. DATE OF BIRTH 8. BIRT			A BIOTHO	LACE (State or	Enmine	_	
	309-28-4334	1 💢 M 2 🗆 F	98	YRS.	MONTHS	DAY8	HOURS	MIN.	(Mont	h, Day, Year)	004	Country)				
	9a. FACILITY NAME (If not institution	give street and number)			9h CIT	V TOWN O	D LOCATA	ON OF DE		y 21,1		West	Virgi	nia		
Œ	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY  SACRED HEART HOSPITAL  CIMBERT AND MD												чн			
5	RESIDENCE OF DECEDER	HUSPITAL			C	<u>IIMRF</u>	RLAN	D, M	D.			LEGAN	Y			
DIRECTOR	10a. STATE 10b. C	OUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY				
													LIMITS?	□ но		
AL	10e. STREET AND NUMBER						ZIP COD	E			10g. CITI		AT COUNTRY		_	
E	555 Chestnut	Street					2	6726			U.	S.A.				
FUNERAL	11. MARITAL STATUS	12. WAS OECEDEN			13.	WAS DEC	ENDENT C	OF HISPAN	VIC ORIGI	Y? (Specify Yes	or No-	14. RACE -	- American Ir	dian	_	
	1 Never Married 2 Married	FORCES? 1	YES 2 1	NO		If yes, spe 1 TES	ecify Cuba	n, Maxica Specify	n, Puerto	Rican, etc.)		Black, Specify:	White, atc.			
ВУ	3 Wildowed 4 Divorced	WW I and	I WW I				W.	орвену	<i>'</i> ·			W.	hite			
	15. OECEDENT' (Specify only highes	S EOUCATION t grade completed)	16a. QE	CEDENT'S	USUAL O	CCUPATIO	N et of workin		168	. KINO OF BUS	INESS/IND	USTRY		-	_	
9	Elementary/Secondary (0-12)	College (1-4 or 5	·) life.	ive kind of a Do NOT us	retired.)	duning mos	SE OF WORKI	·V								
P	12th	5	Pr	cinci	pa1					Educat	ion					
COMPLETED	17. FATHER'S NAME (First, Middle, La						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumame)				-	
BE (	James Hamilto	n Springer					E	va A	nn D	odd						
0	19a. INFORMANT'S NAME (Type/Print	)	191	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Poute Num	ber, City or Town	n. State, Zip	Code)			_	
F	Martha Eagle		1	525 C	hest	nut	Stre	et,	Keys	er, WV	26	5726				
	20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3	Benevel from Care	20b. PLACE	ANDDATE	OF DISPOS	SITION (Na			DAT			City or Town	, Stata		_	
	4 Donation 5 Other (Specify	)	- Potom	matory or or or or or or	ther place)	Parde	ng	-	7/3/0	3 Key	/CMY	TATS 7				
	21. SIGNATURE OF FUNERAL SERV	CE LICENSEE	-		22.	NAME AN	D AODRES	SS OF FAC	CILITY						_	
	+ theold 1	Un norta	inger	/						Funer						
	23. PART I. Enter the disease:	or complications the	anned the de	oth De s	-	TTT S	5 - M1	nera	ıl St	., Key	ser,	WV	26726			
J	anock, or neart re	ilure. List only one cau	se on each line	e	ot enter	the mod	da or dyi	ng, sucr	h as can	stac or reapti	ratory arr	est,	Approxi		on	
- 1	iMMEDIATE CAUSE (Final disease or condition		An	1000	1	. 11		T	. 0.	. 1			Onset a	nd Dea	dħ	
	reaulting in dasth)	8	W/	UJ LU	TWE	-MC	lut	170	ulli	d			33			
		DUE TO	(OR AS A CAUSEO	DUENICE OF	1	101										
CERTIFICATION	Sequentially list conditions,		OR AS A CONSEC	VIL	-	ster	COM	1	•							
AT	if any, leading to immediate cause. Enter UNDERLYING	July 10	(UH AS A CONSEC	JUENCE OF	90											
윤	CAUSE (Disease or injury that initiated events	C DUE TO	OR AS A CONSEC	DUENCE OF	n:								1-			
=	resulting in death) LAST		400000000000000000000000000000000000000													
핑		d d.						- 1					1			
	PART II. Other significant con		death but not n	esulting i	n the ur	nderlying	cause g	given in i	Part I.	24s. WAS AN		34b. W	ERE AUTOPSY	FINDING	6	
PHYSICIAN: MEDICAL		renumber								PERFOR	1	0	WAILABLE PRIC OMPLETION OF F DEATH?			
¥.	P	ullusully	Feloreos	1_						/	X	1 (2)	TARR 3	NO.		
÷ i	-								- 1		- 3	101				
¥.	25. WAS CASE REFERRED TO MEDIC EXAMINER?					26. PL	ACE OF D	EATH (Chi	ack only or	ne)		_			_	
S	1 VES 2 NO	HOSPIFAL:	ER/Outpetient 3	□ DOA	OTHER	R: sing Home	5 □ Be	sidence	6 TT Othe	e (Spacific)						
ξ	ZA MANNER OF DEATH	DATE OF		28b. TIMI	E OF	25c. INJS	TA YRG		-	CRIBE HOW IN	JURY OCC	CURRED			_	
BY F	Natural S Pending Accident Investigs		(i. row)	INJ	M	1   Y	ES 2	NO								
	S □ Suicide 6 □ Could n	28s. PLACE O	F INJURY — At ho	me, farm, s	treet, fect	tary, office			281. LOC	ATION (Street &	nd Number	or Runi Ros	te Number		_	
E	4   Homicide determin	punding.	etc. (Specify)						City	or Town, State)	Control Control					
4	29a, CERTIFIER 1 DE CERTIFYING	PHYSICIAN: To the best of	emi knowie-4	ash -	4 -4 -1	4					_				-	
COMPLETED		PHYSICIAN: To the best of														
8		AMINER: On the besis of as	A STATE OF THE STA		n, m my c	дин∪П, <b>0</b> 0	ein occur	ed at the l	time, data	and piace, and		2				
BE	29b. SIGNATURE AND TITLE OF CE	Richardi	9 5	Hm.	11	MI	29c. VCE	NSE NUM	BER	2	29d. DATE	SIONED (N	Ionth, Day, Yea	37		
2	30 NAME AND ADDRESS & BURGEON WHO COMPLETED CAUSE OF STATE WHO CAUSE OF STATE WHO CAU															

96. SIGNATURE AND TITLE OF CENTIFIER	Schwetwi	29c. ICENSE NUMBER	29d. DATE SIONED (Month, Day, Year)

30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Was) 32. CISTRAR'S SIGNATURE

A CONTRACTOR OF THE PARTY.

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours than the many be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the artification and dental Hygiene prior to burial, cremation, or minoral managers, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minoral managers.	al examiner must be notified at once.
P.O. BOX 68760,	certificate be executed within 24 hours	nding physician and completely filled in Hygiene prior to burial, cremation, or it	or other traumatic event, the men
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING PHYSICIAN: The law requires that the death	IOR: After this certificate has been signed by the atter ifter death with the State Dept. of Health and Mental I	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVE	TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECTI be filed within 72 hours at	IMPORTANT: If Item 2.

	HEGISTHAN			CENTIF	ICALE	OF DEA	IH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Midd BONITA	M.			SHAF	FER		2. DATE OF D		993	YEAR	3. TIME OF DEATH 11:15 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birthday)	IF UNDER 1			7. DATE OF BIRTH			8. BIRTH	PLACE (State or Foreign
	220-32-4661	1 [] M 2		73 YRS.	MONTHS	MYS HOURS	BOIN.	0'8'-1'4	<b>-1</b> 91	19	WV	y)
OR	90. FACILITY NAME (Il not institution Memorial Hosp.	on, give street and nun LAL	ober)	эь. city, том Сить			WN OR LOCATION OF DEATH			9c. COUNTY OF DEATH Allegany		
5	RESIDENCE OF DECEDE	COUNTY										
DIRECTOR	WV	Mineral		10c. city, town on Location Ridgeley					LIMITS?			10d. INSIDE CITY LIMITS? 12 YES 2 NO
IAL	10e. STREET AND NUMBER					101. ZIP COD		10g. CITIZEN OF WHA				HAT COUNTRY?
FUNERAL	60 Potomac	Street				267	53					
5	11. MARITAL STATUS  1 Never Married 2 Marri	12. WAS DI FORCE	S? 1 YES	N U.S. ARMED	13. WA	S DECENDENT	OF HISPAN	IIC ORIGIN? (Sp	ecify Yes	or No-	14. RACE Black	— American Indian, , White, atc.
ВУ	3 Widowed 4 Divorced	IF YES.	GIVE WAR OR D	ATES				n, Puerto Rican	,,			white
COMPLETED	15. OECEDEN (Specify only high	T'S EDUCATION est grade completed)		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCC	JPATION na most of work	ina	16b. KINI	OF BUS	INESS/INI	DUSTRY	
Ë	Elementary/Secondary (0-12)	College (1	-4 or 5+)		naker				Otam	hame		
₽	unknown			naie	INTEL							
	17. FATHER'S NAME (First, Middle,		<b>_</b> _			18. MOT		ME (First, Middle  1 Metz		Sumame)		
BE	Fenton Wi		tz	Eros commer								
2	Rev. Harold							dgeley				
	20a. METHOD OF DISPOSITION	Dilatter	1 200					-				
	1 X Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Completely, cremationy of other place Sunset Memorial Park  7-6 Cumberland, MD											
	21. SIGNATURE OF FUNERAL SEA	VICE LICENSEE	000	oth	8	carpel	li F	ineral MD 215	Home	9		
	23. PART I, Enter the disees	es, or complication	ne that ceus	the deeth. Do						retner er	roof	Approximate
1	anock, or neert i	eliure. List only D	ne ceuse Dn e	ech ilne.		ره ۱۰۰۰ د د د د د د د د د د د د د د د د د	, ,	, as cordice i	ы теари	atory at	out,	interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Malasmin for the condition resulting in death)											
i	DUE TO (OR AS A CONSEQUENCE OF):											
z	Securation like and the conditions to											
5	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or Injury	c	NIE 70 (00 to									
CERTIFICATION	that initiated events resulting in death) LAST		DUE TO (OH AS A	CONSEQUENCE O	F):							
ä		d										
	PART II. Other significent co	nditione contribu	ting to death b	out not reeulting	In the unde	rlying ceuse	given In	Part I. 24s.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
EDICAL								_ 1	YES 2	1		COMPLETION OF CAUSE OF DEATH?
ME												1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSFIT.	A1 -			26. PLACE OF I	DEATH (Che	ck only one)				
YSI	1 TYES 2 NO			patient 3 🗆 DOA	OTHER:	Home 5 🗆 R	esidence	6 🗆 Other (Spe	icity)			
표	27. MANNER OF DEATH  1 Natural 5 Pendi	(4	ATE OF INJURY Aonth, Day, Year)	28b. TIM	URY	c. INJURY AT WORK?		28d. DESCRIB	E HOW IN	JURY OC	CURED	
β	2 Accident Invest	getion				YES 2	NO					
COMPLETED	3 Suicide 8 Could 4 Homicide determ	HOLDS P	LACE OF INJURY uliding, etc. (Spec	— At home, farm,	streel, factory	, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,
ון ב	29a. CERTIFIER (Check only	G PHYSICIAN: To the	best of my know	ledge, death occurr	ed at the time	, data and place	and due	to the cause(s)	and men	ner en ete	lad	
29s. CERTIFFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or-investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.									and manner as stated.			
	29b. SIGNATURE AND TITLE OF C		11	1	1		ENSE NUM					Month, Day, Year)
B	7	mels	-	H		017				A A	1/6/	43
2	30. NAME AND ADDRESS OF PER	SON WHO COMPLET	CAUSE OF DE	ATH (ITEM 27) (Type	Print)						101	
	Dr. Richard S	nider Me	emorial	Hospita	e Cun	berlan	d, M1	D. 215	502			
	31. DATJUE OF SS	( Sept.	PUR PUS SICH	CUP and								

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR » retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The flaw retained by the attending physician and completely filled in by the functional behavior as should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGII			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
Dorothy Et	hyl Sous	a			б 1	24	9 <sup>6</sup> 3 <sup>8</sup>	10:45A
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign
493-07-0374	1 M 2 X F	86 YRS.	ONTHS DAYS	HOURS MIN.	07/06/19		St.	Louis, MO
9a. FACILITY NAME (If not institution, give s	treet and number)	1	9b. CITY, TOWN O	R LOCATION OF D		9c. COUN		
Fahrney Keedy	Home		Boonsl	oro		Was	hin	gton
10e. STATE 10b. COUNTY		10c CITY	TOWN OR LOCATI	ON				
Maryland Princ	e George's		tsville	OI4				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	e dedige a	liyat		ZIP CODE		ton Citis		1 YES 2 NO
5600 38th Avenue			10/1	0782				HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED			NIC ORIGIN? (Specify		S.A.	
1 Never Married 2 Married	FORCES? 1 YES	2 X NO	if yes, spe-	olfy, Cuban, Maxico	an, Puarto Rican, atc.)	Yes or No-	Black,	<ul> <li>American Indian, White, etc.</li> </ul>
3 Widowed 4 Olvorced	in teo, dive tan on t	PAIES	1 TYES	2 🔼 NO Specif	ry:		Specify	White
15. DECEDENT'S EDUI	CATION Cornolated)	16a. DECEDENT'S US	SUAL OCCUPATION	ν	16b. KIND OF I	BUSINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	rk done during most retired.)	or working				
12	2	Housewif	e		Own I	Home		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	den Sumame)		
Charles Stephen	Eggeman				hie Blum			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1			
Donald A. Campbe	11	4207 Wy	nnwood I	Drive, A	Annandale,	, Virgi	nia	22003
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rame	ovel from State 20	D. PLACE AND DATE OF	DISPOSITION (Nerr	ne of	DATE 20c.	LOCATION — C	Ity or Tow	n, Stata
4 Donetion 5 Other (Specify)		arklawn Co	emetery	06/1	18/1993 Ro	ckvil1	e, M	laryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND	ADDRESS OF FA	i's Sons I			
Charles +.	Beall		4739 1	Raltimor	e Ave, Hy	runeral	. non	MD
23. PART I. Enter the diseases, or o	complications that cage	d the death. Do not	enter the mod	e of dying, auc	th as cerdiec or res	apiratory arre	at.	Approximata
immediate cause (Fine)	List only one cause on e	each line.						Interval Between
disease or condition resulting in deeth)		Pero Fail	lu.					Officer and Door
resulting in deeth)	DUE TO (OR AS	Resp Fail A CONSEQUENCE OF:						<del> </del>
	b	Phlmana-	3 Emp	estin ham				
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):						
CAUSE (Disease or injury								
that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE OF):						
	4							ļ
PART II. Other algnificant condition	s contributing to death t	out not resulting in	the underlying	ceuse given in		AN AUTOPSY	24b. V	WERE AUTOPSY FINDINGS
Aseva	DM					ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						2 <u>-</u> NO		OF DEATH?
					_		'	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out		THER:	5   Residence	6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME C	OF 28c. INJUI	RY AT	26d. DESCRIBE HOY	V INJURY OCCU	IRED	
1 Astural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		K? S 2 NO				
3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spe	_ At home, ferm, stre	et, factory, offica		28f. LOCATION (Street	and Number o	r Rural Ro	ute Number,
4 Homicide determined	bollding, atc. (Spe	(SIV)			City or Town, Sta	fe)		
29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred a	at the time date a	nd place, and due	to the sever(s) and a		4	
one) 2 MEDICAL EXAMINE	R: On the besis of exemination	n end/or investigation,	in my opinion, des	ith occured at the	time, data end place.	end due to the	cause(s)	and menner es stated
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		_		
V-	a tolate	2		D 180			, L L.	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. Pri	int)	- 190	1 1			13
30.0.	, mo 334			6. MO	21740			
31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGN	ATURE		,	1,40			
JUN 2 1 199	Sulin David	dson-Randall	2					
1017 199								

March Land

BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL, OR ATTENDING PRYSICIAM. The law requires that the death certificate be executed within a second of the formation of the second o	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate for executed within a visit TO THE FURSHIPAL URBIGING After the certificate has been signed by the attending byboscian and completely filled. As that within 20 house that death are the Stree Date of Mante and Mantel thorace, side or hund committee the	MPORTANT: If then 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						9	3 20819					
	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO	_						
1	1. DECEDENT'S NAME (First, Middle, Last)	WOLD.			2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH					
	Mary Ann St		E (In yrs. last birthday)		06 18							
	285-20-8238	1 □ M 2 😿 F	of YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	(Month, Day, Ybar) Sept. 11	1926	Ohio					
Œ	9e. FACILITY NAME (If not institution, give st			b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY (						
읝	POCTOR'S COMMUN	uly Hospita	u	Lanham		Prince	e George's					
DIRECTOR	Maryland Prin	nce George		own or Location ham, MD			10d. INSIDE CITY LIMITS?  1 Y YES 2 NO					
FUNERAL	10%. STREET AND NUMBER 9004 Spring Ave			101. ZIP CODE		1 *	OF WHAT COUNTRY?					
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	20706	MANIC OBJOINS (Passing Va		S.A.					
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 💢 NO	If yes, specify Cuban, Mexi	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Cauc.					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b. KIND OF BU							
MP	12	0	Sales		Moodw	ard &	Lothrop					
BE CO	17. FATHER'S NAME (First, Middle, Last) Pasquale Ciafa	ardini			NAME (First, Middle, Malden							
5	19a. INFORMANT'S NAME (Type/Print) Billy J. Snyde	er	9004 S	pring Avenu	e, Lanham	n, State, Zip Code MD · 2	20706					
20a. METHOD OF DISPOSITION 1 Burstal 2 Commentation 3 Content (Specify) 4 Contents 5 Content (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF DISPOSITION (Name of Computing Content (Specify)) 20b. PLACE AND DATE OF												
	21. SIGNATURE OF PINERAL SERVICE LICE	ENGEZ	ND VELETA	22. NAME AND ADDRESS OF I	FACILITY		man, no					
	* Puchan	Den.	1_	Rendon/Hal			am, MD 2070					
ERTIFICATION	23. PART I _Inter the diseases, or complications that caused the death. Do not enter the shode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List drifty one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate interval Between Onget and Death Cause or condition  a. JUST O (OR AS A CONSEQUENCE OF):  B. DUE TO (OR AS A CONSEQUENCE OF):  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
0	PART II. Other significant conditions	s contributing to death	but not essulting in t	ha undarbilon causa stico i	n Part I. 24s. WAS AN	aurmanu T						
MEDICAL				ne oncerying cause given i	PERFOR	MED?	24h. WERE ALTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
							1 TYES 2 PATO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Sharet code const							
Sic	EXAMINERY 1 VES 2 XQ	HOSPITAL:		THER:  Nursing Home 5  Residence	Section in New York							
Ě	27, MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME O	F 28c. INJURY AT	26d, DESCRIBE HOW II	NJURY OCCURED	0					
BY F	1 Accident 5 Pending Investigation	(MOTHER CHIEF	INJUR	M 1 YES 2 NO	Control Modern technical							
	3 Suicide 6 Could not be determined	28e, PLACE OF INJUR building, etc. (Sp	of, factory, office	281, LOCATION (Street a City or Town, State)	ind Number or Ru	ral Route Numbec						
COMPLETED	294. CERTIFIER 1 CERTIFYING PHYSIC ana) 2 MEDICAL EXAMPLE	DAN: To the best of my koo to On the bests of examinati	wiedge, death occurred a	t the time, date and piece, and do n my opinion, death occured at the	se to the cause(s) and man	ner as stated.	politi and manner as stated.					
TO BE CO	200. September 1600 TITLE OF CENTIFIER	au		DAGA		29d. DATE BIG						
٦	1. DATE FILED (Month, Day, Year)  JUN 2 1 1993  JUN 2 1 1993  JUN 2 1 1993  JUN 2 1 1993											

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0	JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tune ours after death with the State hear of Health and Mental Honline point to build premation or removal	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by find within 72 hours after death with the State Deut of Health and Mental Hydinen prior to hural companion or sen	Ļ,
1	-	4

		1 - STATE REGISTRAR	STATE OF I	MARYLANI	D / DEPAR CERTIF	TMENT	OF HEALTH OF DEA	AND N	MENTAL HYGIE		50	20021	
		1. DECEDENT'S NAME (First, Middle, Last)					0. 22.		2. DATE OF DEATH		3.	TIME OF DEATH	
		David		Μ.	5	Shaak				19 19	93	2:10 A.	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLI Country)	NCE (State or Foreign	
ľ		218 86 0931	1 M 2 F	24	YRS.				Dec. 16	1968	Maryl	and	
	œ .	9a. FACILITY NAME (If not institution, give					OWN OR LOCAT		ATH 9c. COUNTY OF OEATH			н	
	<u> </u>	North Arundel	<u>Hospita</u>	al		Gle	n Bur	nie		An	ne A	rundel	
	шП	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATION				10-	d. INSIDE CITY LIMITS?	
- 1	- DIR		e George	's	La	urel					1 (	YES 2 XNO	
	RAL	10e. STREET AND NUMBER	70. 1				10f. ZIP COL	_		1 -		COUNTRY?	
	FUNE	3499 Ft. Meade	12. WAS DECEDEN	NT EVER IN II S	APMED	12 14	2070		United IC ORIGIN? (Specify Yes or No.   14. RACK				
	<u>_</u>	Never Married 2 ☐ Married	FORCES? 1	YES 2	Z-NO	11 1	res, specity Cub ☐ YES 2 🔯 NO	an, Maxican	n, Puarto Rican, atc.)	es or No-	Black, W	American Indian, hita, atc.	
	<b>∞</b> ∣	3 Widowed 4 Divorced		50.00	No			орвону.	No		Specify:	White	
	ETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)		(Give kind of w	VSUAL OCC	UPATION ing most of work	ing	16b. KIND OF B	USINESS/INDU	ISTRY		
		Elementary/Secondary (0-12)	College (1-4 or 5		Shift 1				Sarvi	ce Sta	tion		
at once.	COMP	17. FATHER'S NAME (First, Middle, Last)			Dilate !	папав		HER'S NAM	ME (First, Middle, Maide		CLOII		
10	BE	Fred Shaak					Li	inda l	Marie Rob	ertson	1		
	2	19a. INFORMANT'S NAME (Type/Print)			1				loute Number, City or To		,		
De n		Linda Marie Robertson 815 8th Street #204 Laurel Maryland 20707											
must		20s. METHOD OF DISPOSITION  1. **Quantility** Departs of Comments											
ner	1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		CIRCITO	22. N/	ME AND ADDRE	SS OF FAC	HITY			ite Md.	
exam		► Bollent E	CIRI	ma	Tho				Funeral H lis Rd. B	-		715	
dical		23. PART I. Enter the diseases, pr	complications the	et caused the	e deeth. Do n	Dt enter th	e moda of dy	ing, such	as cardlec or ree	oiratory arre	st,	Approximate	
other traumatic event, the medical examiner must		shock, or heart failure.  IMMEDIATE CAUSE (Finel	List Dnly Dna cau	uea Dn esch	line.	•						Intarval Batween Onset and Death	
= 1		disease or condition - e. WUTTE DYUNG											
eve		DUE TO (OR AS A CONSEQUENCE OF):											
mati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
r trau	<u>S</u>	csuse. Enter UNDERLYING CAUSE (Disease Dr Injury	c										
othe		that Initisted events resulting in death) LAST	DUE TO	(OR AS A CON	NSEQUENCE OF	7):							
7, 0			d										
any injury,	CAL	PART II. Other eignificent condition	18 contributing to	deeth but n	ot raculting i	n the unde	erlying ceuse	given in F		N AUTOPSY RMED?		RE AUTOPSY FINDINGS JLABLE PRIOR TO	
s am	MEDIC								1\ YES	2 🗌 NO	CO	MPLETION OF CAUSE DEATH?	
									_		1 [	YES 2 NO	
23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T				28. PLACE OF I	FATH /Cho	ck only one)				
marked, or Item 23	2	EXAMINER?	HOSPITAL: 1	ER/Outpatien	t 3 DOA	OTHER:			B Other (Specify)				
ed, o	Ė	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIME	OF 2	C. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCL	JRED		
mark	5	1 Natural 5 Pending 2 Coldent Investigation	06/18	8/1991	3 11:	32P.	1 YES 2	NO	Driver	t <sup>in A</sup>	uto/	Tree	
20 0	3	3 Suicide 8 Could not be 4 Hornicide determined	28a. PLACE O building,	of INJURY — A etc. (Specify)	it home, farm, s	treet, factory	, offica		28t. LOCATION (Street City or Town, State	and Number o	r Rural Route	Number,	
еш 2		AA. OFFICER				adsid			520 Bro			Road	
IMPORTANT: If Item 28	COMPLE	(Check only one)	CIAN: To the best of ER: On the bests of a	my knowledge xemination and	n, danth occurre 1/or inventigation	d at the time n, in my opin	, data and place	, and dua t red at the t	to the cause(a) and ma time, data and placa, a	nner as states nd due to the	d. cause(s) and	f manner as stated.	
TAN S	الس	29b. SIGNATURE AND TITLE OF CHOTIFIE						ENSE NUM				nth, Day, Year)	
IMP		July ne fre	your				0	.C.M	I.E.	<b>•</b>	06/	20/1993	
		30. NAME AND ADDRESS OF PERSON WH	CORLET I				reet.	Bal	timore,	Marv	land	21201	
		31. DATE FILES (Month, Day, Shar) 1993	32. REDISTRA		-Randel								

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The state of the Armstell

MARYLAND 21215-0020

BALLIMORE MARYLAND 21215-0020	retained by the hospital or attending physician.	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and the executed within 24 hours and the executed by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transmit completely filled in by the transmit of the same being within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or remove	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical araminar must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN		3 20821					
100	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	IRVIN JAMES	SHINER			July 3, 1	6:55 D M M						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. lest birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	993	BIRTHPLACE (State or Foreign					
SR	077-05-4642  Sa. FACILITY NAME (If not institution, give s	1₩2□F 82	YRS.	DAYS HOURS MIN.	June 7,19	11	Pennsylvania					
	2301 Snow Road	street and number)	1	OWN OR LOCATION OF D	DEATH							
5	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR	Maryland Ha	arford	Edgewoo				10d. INSIDE CITY LIMITS? 1 Tes 2 No					
	104. STREET AND NUMBER 2301 Snow Road			101. ZIP CODE 21040								
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO H 1	S DECENDENT OF HISPA res, specify Cuben, Mexic YES 2 TO NO Speci		or No— 14.	Black, White, etc.					
D BY	3 Widowed 4 Divorced  15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USUAL OCC		16b. KIND OF BU		hite					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work done du life. Do NOT use retired.) Motor Pool	ing most of working								
₩ P	12		TOTAL FOOT	CIEIK	US	-gover	nment					
	17. FATHER'S NAME (First, Middle, Last) John Merton Shi	ner			ame (First, Middle, Maiden Sarah Rock	Sumame) Well	SY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF DEATH?  10. BIRCH, White, etc., Specify:  White  TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
) BE	19e. INFORMANT'S NAME (Type/Print)		196, MAILING ADDRESS (		Route Number, City or Tow		ie)					
2-	Elise Y. Shiner		2301 Snow	Road, Edger	wood, Md. 2	21040						
1	20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem		PLACE AND DATE OF DISPOSITI		DATE 20c. LO	CATION — City	· ·					
	4 Donation 5 Other (Specify)	CENSEE	nroeton Ceme	HE AND ADDRESS OF E	7/6/1993	Monroe	ton, Pa.					
	Hourand K	Ma Cone	74 TII 13	ward K. Mc( 17 Cokesbu	Comas III F	uneral	Home, P.A.					
	23. PART i. Enter the diseeses, or	complications thet caused	the deeth. Do not enter th	e mode of dying, su	ch es cerdiec or respi	retory arrest	Approximate					
	IMMEDIATE CAUSE (Final	List only one ceuse on ee		7	Cilin	0						
	disease or condition resulting in death)  Due to (ones a conscouence of):											
NO	Sequentially list conditions, If any leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
CAT	cause. Enter UNDERLYING											
CERTIFICATION	CAUSE: (Disease or Injury that Initiated events resulting in death) LAST											
CE	d											
SAL	PART il. Other significant condition	ns contributing to death bu	it not resulting in the und	erlying cause given in	Part I. 24a. WAS AN PERFOR		MAILABLE PRIOR TO					
Ē	of local december 1000 to the second of											
PHYSICIAN: MEDIC	SIP OLA.											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:											
YS	1 TYES 2 THO	1   Inpatient 2   ER/Outpu	other:	g Home 5 Résidence	6 Other (Specify)							
	27. MANNER OF OEATH  Natural 5 Pending	286. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCUREO										
BY	2 Accident Investigation	Accident Investigation 1 TES 2 NO										
ETE	3 Suicide 6 Could not be determined 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stele) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)											
COMPLETED		ICIAN: To the best of my knowle										
8		ER: On the besia of examination	end/or investigation, in my opi	nion, death occured at th	e time, data and place, an	d due to the ca	use(a) and manner as stated,					
B	296. SIGNATURE AND TITLE OF CERTIFIE	(Crul)		29c. LICENSE NU	IMBER 36 CL	29d. DATE SI	GNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type, Print)	#5 AL	endeo.	MIN	7100/					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	17/10	~ (accar	MID	2100					
	on or a read (moral)						\					

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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 6.4 wours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral directions of fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked or Item 23 shows any Injury or other traumatic event, the medical examiner forms
	90	ian or to	une
	ate	pric	t.
	ifica	등	9
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	上口	中華	4
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
- 1	1. DECEDENT'S NAME (First, Middle, Las							2. DATE OF OEATH DAY YEAR 3. TIME OF DEAT						
	James L. Sco	ames L. Scott							July 3, 1993			5:15 P.W		
1 - 3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) # UNDER 1 YEAR							IF UNDER 24 HRS. 7. DATE OF BIRTH			8. BIRTHPLACE (State or Fore			
	215-09-5503	76	76 YRS. MONTHS DAYS HOURS MIN.					(Month, Dey, Year) Country) 10-2-16 Onancock, V						
	90. FACILITY NAME (If not institution, give	e, FACILITY NAME (If not institution, give street end number)					9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF OEATH		
OR	Union Hosp:	ital				E1	kto	n				Cecil		
등	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	ITY		100 CIT	v mount	OR LOCATI	OH					10d. INSIDE CITY		
DIRECTOR	Md.	Ceci1		102.011		E1kt						LIMITS?		
	10e. STREET AND NUMBER						ZIP CODI					OF WHAT COUNTRY?		
RA	124 Starboa	rd Court					219	21	U.S.A.					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARA	AED					IIC ORIGIN? (S		or No.— 14. R	ACE — American Indian.		
	1 Never Married 2 Married	FORCES? 1 T		0		If yea, ape 1 🔲 YES			n, Puerto Rice /:	n, etc.)		Speck, White, etc. Speckly: White		
BY	3 Widowed 4 Divorced	Navy WW			1		21							
TED	15. DECEDENT'S ED (Specify only highest gra	de completed)	(Gh	re kind of	USUAL O work done se retired.)	CCUPATION during mos	N I of worldr	g	16b. KIN	ID OF BUS	INESS/INDUSTR	ΙΥ		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)		lana						Fii	rnitu	re		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			Idiid	901		16 MOTI	HED'S NA	ME (First, Midd					
	Burge George	R. Scott							h Sco		,			
BE	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRES	S (Street an					, State, Zip Code	)		
18	Bertha J. Sco	tt		124	Sta	rbo	₽d	Ct.	, Elk	ton	Md.	21921		
1	200. METHOD OF DISPOSITION	22-12/2007	20b. PLACE (	OF DISPO					,	_	ATION - City o			
1	1 Donation 5 Other (Specify)	movar from State	Immac	cula	te	Conc	ept	ion	Cem.	Ch	nerry	Hill, Md.		
	21. SIGNATURE OF FUNEJIAL SERVICE	CICENSEE				NAME AN				259	) E. M	ain St.,		
	1 L N	il			G	ee i	une	raı	Home			Md. 21921		
	23. PART I. Enter the diseases, o	r complications that c	sused the dec	eth. Do	not enter	the mo	to of dy	ing, suc	h as cardisc	or respir	ratory arrest,	Approximate		
	IMMEDIATE CAUSE (Final	s. List only one cause	1		0	(	1	1)		/	0	Interval Between Onset and Death		
	disease or condition resulting in death)	· Cien	e (	an	· L	0	ک (	Luc	nan	$\mathcal{L}_{\mathcal{L}}$	uly	a .		
	DUE TO (OR AS A COMBEQUENCE OF)													
O	Sequentially list conditions, DUE folion of CONSEQUENCE OFF													
¥	if any, leading to immediate cause. Enter UNDERLYING	- 6		ø				_ , (	(0-	Destution				
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (Q	AS A CONSEC	UENCE O	n ,			7		20-0				
CERTIFICATION	resulting in death) LAST	· al	la.	he	ne	~	1	De.	ec.	1				
	PART II. Other algnificant conditi	ona contributing to de	ath but not n	esulting	in the u	nderivino	CRUSA	alven in	Part I. I 24	a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CAL							PERFO			PERFOR	MED? AMILABLE PRIOR TO			
MEDIC									-   '	YES 2	No	OF DEATH?		
Σ									_			1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF 0	EATH (Ch	eck only one)	-				
Sic	EXAMINER?	HOSPIFAL:	R/Outpatient 3	□ DOA	OTHE 4 - Nu		5 🗆 R	esidence	8 Other (S	pecify)				
H Y	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		28b. Til		28c. INJI	JRY AT				NJURY OCCURE	D		
BY	1 Netural 5 Pending 2 Accident Investigation	n			М	1 🗆 Y	ES 2 [	NO						
	3 Suicide 6 Could not 8	28e. PLACE OF II building, etc	NJURY — All hor . (Specify)	_	street, fac	tory, office			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
ETE			-	/										
Secretary of the second of the														
									time, date en	time, date end place, and due to the ceuse(e) and menner as stated.				
BE	296. SIGNATURE AND TITLE OF CHITTE	ren // X	X.				29c. LIC	ENSE NUI	MBER			NED (Month, Day, Year)		
0		angle /	x ru	u	_		DO	<b>51</b> 81			07,	/05/93		
-	30. HAME AND ACCINESS OF PERSON	7			1		_ ,	711-4		1.1	2102	1		
1	JOSEPH G 1	anzi, il.D				e 5	ر ا	LIKI	con, l	1Q.	2192:	T		
0	JUL 0.6.93	Statio Day	idson R	ndess	•									
			-									DHMH-18 Rev 1/89		

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OHMN-16 Rev 1/89

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BI
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he winning director, ougs 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the annual director, sage 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death man with the retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wours after owns.

i	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND N	MENTAL HYGIEN REG. NO.	E		COOLO		
1	1. DECEDENT'S NAME (First, Middle, Last)	George F. St				2. OATE OF DEATH DA	T'ME OF DEATH-				
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (	(In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	6-24-	93	5:51 P M			
		1 X M 2 □ F		MONTHS DAY		(Month, Day, Year)	Country)				
į	9a. FACILITY NAME (If not institution, give stree		0-1	9h CITY TOW	'N DR LOCATION OF DE	7-10-28	9c. COUNTY		sylvania		
TOR	Howar	Columbi		3C. COON17	OF BEAT	Howard					
DIRECTOR	10a. STATE 10b. COUNTY A	1 10c. CITY	thian	CATION			I. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		1 10	CIIIaii	10f, ZIP CODE		10g. CITIZEN	1	YES 2 NO		
ERA	289 Rips Drive				20711		USA	COUNTRY			
3	11. MARITAL STATUS 1	12. WAS DECEDENT EVER II				IC ORIGIN? (Specify Yes	or No- 14.	RACE -	American Indian,		
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			specify Cuban, Mexican rES 2 NO Specify			Specify: Whit			
<b>E</b>	15. DECEDENT'S EDUCAT		16a. OECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDUST				
	(Specify only highest grade co.  Elamentery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during a retired.)	most of working						
COMPLET			Mechani	С							
ខ្ល	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NAI	ME (First, Middle, Maiden	Surname)				
BE	George Strausbaugh	1				op Fishel					
2	196. INFORMANT'S NAME (Type/Print) Anna L. Strausbaug	gh	289 Ri	ps Dr.	Lothian Number or Rural F	Toute Number, City or Tow 1D 20711	n, State, Zip Co	de)			
	20e. METHOD OF DISPOSITION	201	. PLACE OF DISPOS	ITIDN (Name of	cometery, cremetory or	20c. LO	CATION — City	or Town,	State		
	1 Donation 5 Other (Specify)	al from Stata	Metro C	remato	ry	Cat	onsvil	le			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE 1 20			AND ADDRESS OF FAC		Ilomo T				
3	> Harry H.	Wilske			•	Funeral Pike Elli			VD 210/3		
	23. PART I. Enter the diseases, or cor	mplications that cause	d the deeth. Do n						Approximata		
	shock, or heart fellure. List IMMEDIATE CAUSE (Final	st only one pause on e							Onset and Deeth		
	disease or condition resulting in death) a. Acute Myocardial Indarchin										
	Attresselentie Cardio vascular disease yns										
CERTIFICATION	ocause. Enter UNDERLYING  CAUSE (Pleases or lokur)										
ব্ৰ											
	that initiated events Due to be AS A CONSEDUENCE OF):										
EH	resulting in death) LAST d. Cig make Use										
11	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
CAL	alish abuse authoritis								AILABLE PRIDE TO MPLETION OF CAUSE DEATH?		
MEDI									YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF DEATH (Ch	eck only one)					
Si		1 Inpatient 2 PER/Out	patient 3 🗆 DOA	OTHER:	Nome 5 - Residence	6 Other (Specify)					
РНУ	27. MANNER OF OEATN  1 Control 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY	INJURY AT WORK?						
B	2 Accident Investigation	28e. PLACE OF INJUST	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number,					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	clfy)	At home, farm, street, factory, office  28f. LOCATION (Stree City or Town Stee					to and region of Putal Pouls Number,		
2	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICI.	AN: To the best of my know	viedge, death occurre	ed at the time,	data and place, and due	to the cause(a) and ma	nner as stated.				
8	Check only  Check										
BE Ø	294, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MONTH, Pay, Year)										
	Testing A Mr. WM Hoursel Co 1 D31473 1 6/24/93										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. PHIN) PATINGER - TOLE, MY 4565 Hembock Coneway EMicottaty MDZ1042										
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	20000	_ 0,	X		+			
JUN 28°93 Fichia Davidson-Randale											

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	CATE O	F DEATH		REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DE	ATH	
MARGARET VA	UTIER		SU	PPLE	E		06 28 93 4:					
4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (In yrs. lest	,,,	F UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE	OF BIRTH	0	8. BIRTI	HPLACE (State or	PM	
154-05-3890	1 □ M 2 🔀 F	76	YRS.	ONTHS DAY	HOURS MIN.	8-				ennsylvani		
9a. FACILITY NAME (If not institution, give a	treet end number)		9	b. CITY, TOW	N OR LOCATION OF D			DEATH	valla			
Wesleyan Cente	r			Dent	on			Ca	rol	ine		
10e. STATE 10b. COUNT			10c. CITY. 1	TOWN OR LO	CATION					10d. INSIDE CI	70	
	mden				Heights					LIMITS?		
100. STREET AND NUMBER 205 East Atla	205 East Atlantic Avenue 08035 USA									EN OF WHAT COUNTRY?		
11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. ARN	MED	13. WAS (	ECENDENT OF HISPA	NIC ORIGIN	? (Specify Yes	or No-	14. RAC	E — American In	dian,	
1 Never Married 2 Merried 3 Wildowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 X YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, V											
15. DECEOENT'S EDU (Specify only highest grade	CATION	16e. DEC	CEDENT'S US	k done durina	TION most of working	16b.	KIND OF BU	SINESS/IN	1			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use n	etired.)	orologi	st	U.S.	Go	verr	nment		
17. FATHER'S NAME (First, Middle, Last)	4			-	18. MOTHER'S NA							
George W. Sup	plee				Elizal				1			
19a. INFORMANT'S NAME (Type/Print) George W. Sup	plee	.19b.	MAILING AD 9273	Mart	ingham	Route Numb	or, City or Tow St.	n, State, Zi	<sup>₀ co∞</sup> ) hae]	Ls, MD		
20e. METHOD OF DISPOSITION  1 □ Burtel 2 □ Cremelion 3 □ Rem	oval from State	20b. PLACE AI	natory or other	place)		OATE						
4 Donation 5 Other (Specify)	ENSEF	paris	oury	-	atory AND ADDRESS OF FA	6-	29 S	ali	sbur	cy, MD		
No.		` -		Ne	wnam Fu	nera:						
23. PART I. Enter the disesses, or o	Omplications that o	J CF	th Do not	20	0 S. Ha	rrisc	on St	بم	East			
shock, or haert fellure.	List only one ceuse	on aech line.	itii. DO not	cuter tria i	node of dying, suc	on es csro	lac or reapi	retory si	rest,	Approxi	msta Between	
IMMEDIATE CAUSE (Final disease or condition	21	10-111-		-						Onset a	nd Death	
reaulting in death)	DUE TO (O	AS A CONSECU	HENCE OF	a								
	10 (0)	1 75 7 00113201	DENCE OF J.							į		
Sequentially list conditions, if sny, lasding to immediate	DUE TO (OI	R AS A CONSECU	UENCE OF):									
CAUSE (Disease or Injury	c											
that initiated events resulting in death) LAST	DUE TO (OI	AS A CONSECU	UENCE OF):									
	d											
PART II. Other significant condition	s contributing to de	ath but not re	aulting in t	tha undarly	Ing cause given in	Part I.	24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY	FINDINGS	
1 1 1 '	men's						PERFOR	0		AVAILABLE PRIO		
						_	1 TES 2	NO		OF DEATH?		
										1   YES 2	NO	
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF OEATH (C)	heck only one	1)					
EXAMINER?	HOSPITAL:	R/Outpatient 3 [	2004 8	THER:	ome 5 - Reeldence							
27. MANNER OF OEATH	28e. OATE OF IN	JURY	28b, TIME O		NJURY AT		CRIBE HOW II	NJURY OC	CUREO			
1 Natural 5 Pending	(Month, Day,	Yesr)	INJUR		WORK?							
2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF II	NJURY — Al hom	na, Ierm, stre	et, fectory, of	fice	281. LOCA	TION (Street e	nd Numbe	r or Rural I	Route Number,		
4 Homicide determined	building, etc	. (Specily)				City o	r Town, State)					
29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my	knowledge, dear	th occurred a	it the lime, d	ate end place, end due	to the caus	e(s) end man	ner es ata	ted.			
one) 2 MEDICAL EXAMINE										a) end manner ea	stated.	
29b. SIGNATURE AND TITLE OF CONTIFIER					29c. LICENSE NU					(Month, (Day, Yea		
11/	~ r	N.O.			D33	768		•	6/5	7/97	,	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE				1 - //	. 00			01.	1112		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	P.O :	130x	666	DEN	~ LO.	NA	10	2-1	629		
JUN 29 1993	32. REGISTRAR'S	widson-A	andalle									

or attending physician.

In use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 strong be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnity	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examples
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	æ	RE	Urs	E
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEAT	AND MENTAL HYGIENE H REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH							
	JANE B. SCHULTZ	MONTH DAY	1993 3:53AM							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 2	M HRS. 7. DATE OF BIRTH	8. BIRTHPI ACE (State or Foreign							
	213-01-8428 1 M X XF 74 YRS. MONTHS DAYS HOURS MIN. 100-17-1918 Mai									
O.B.	University of Maryland Med. Ctr Baltimore Baltimore									
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY							
DIRECTOR	Maryland Talbot Easton									
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE	10	0g. CITIZEN OF WHAT COUNTRY?							
剪	506 Trippe Avenue 216	01	USA							
글	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF FORCES?  1  YES 2 NO If yes, specify Cuben,	HISPANIC ORIGIN? (Specify Yes or Mexican, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, etc.							
B∀	The state of the s	Specify:	Smooth:							
			White							
ETED	(Specify only highest grade completed) (Give kind of work done during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY							
12	Elementary/Secondary (0-12)  12  College (1-4 or 5+)  Cost Accounting C	lerk Facton	Utilities							
once.		ER'S NAME (First, Middle, Maiden Suri								
E 0	11 7 7 1 P	ry Reynolds	nemej							
BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number of		Note: The Code)							
2	m - 1 m -									
2	EMILE. Schultz  209. METHOD OF DISPOSITION  X Buriel 2 Cremation 3 Removal from State  200. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)		MD ZIOUL  ION — City or Town, State							
al.	2   Cremation 3   Removal from State   Cametery, crematory or other place   Spring Hill Cemetery   Spring Hill Cemetery   Cametery		ton, MD							
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS		con, MD							
28	Newnam I	Funeral Home	P.A.							
	NOHN R MERCERON CFSIT 200 S. I	Harrison St.	Easton, MD							
TIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dyin shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition		Approximate Interval Between Onset and Death							
GIII,	resulting in death)  a. Pulmonary Hypertength	7W	3 443							
RTIFICATION	disease or condition resulting in death)  a. Pulmonary Hypertensis  oue to (or as a consequence of):  b. Primary Pulmonary F  if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):	Flavosis	3 413							
S	cause. Enter UNDERLYING		ļ							
	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
티뜨	resulting in death) LAST									
AL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse give	un la Cart I de una cu un								
	Chronic atrial tibrilation	PERFORME	D? AVAILABLE PRIOR TO							
EDIC	Chronic aremin	1 XYES 2 [	NO COMPLETION DF CAUSE OF DEATH?							
: ME	hypothyroidism		1 TES 2 NO							
SICIAN	25. WAS CASE REFERRED TO MEDICAL	ATH (Check only one)								
SICI	EXAMINER? HOSPITAL: OTHER:									
ગ≥	27. MANNER OF DEATH  28e. DATE OF INJURY  28b. TIME OF 28c. INJURY AT	dence 6 Other (Specify)  26d. DESCRIBE HOW INJU	DV OCCUPED							
	Natural 5 Pending (Month, Day, Year) INJURY WORK?	ALANI TO LOCATION A	ну оссонер							
BY	2 Accident 2 Suitelde 200 Accident at home form street feetons office		Number or Rural Route Number,							
TED	4 Homicide determined building, etc. (Specify)	City or Town, Stete)	Tomos or recent relate related,							
	290. CERTIFIER L CERTIFYING BUYCICIAN. To the head of									
O BE COMPLE	(Check only one)  2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date end place, a medical examiner on the basic of examination end/or investigation, in my opinion, death occurred									
8	POL CIONATURE AND TITLE OF SECURITIES		w to the couse(e) end menner ee stated.							
BE	1 A. S. Elder		d. DATE SIGNEO (Month, Day, Year)							
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ern	ナーノーン							
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	AL DATE SHED MAN DARMS OF ADDRESS	12 21230								
	3. ONTE PILED (MONTH), DESTREE OF STREET OF ST									

		1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATH
		Lawrence Alfred 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	Simpson, Sr		July 1	, 1993	4:50 P M
P		218-16-3174 XX™²□F 73	yrs. last birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1ay 16,19	920 Mar	PLACE (State or Foreign
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give street and number)  Physicians Memorial Hospital RESIDENCE OF DECEDENT	La Plat	R LOCATION OF DEA	ATH -	oc. COUNTY OF D Charles	EATH
t. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY  Maryland Charles	Port Toba				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
permit.	A P	10e. STREET AND NUMBER		ZIP CODE		10g. CITIZEN OF V	
ian. transit	FUNERAL	Star Route 1 , Box 1320 11. MARITAL STATUS 12. WAS DECEDENTY EVER IN U		20677	C ORIGIN? (Specify Yea	U.S.A.	
215-0020 attending physician	В	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	2 NO If yes, spe	cify Cuban, Maxican 2 NO Specify:	, Puarto Rican, etc.)	Black Speci	- American Indian, White, atc.  White
E 8 2	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cotlege (1-4 or 5 +)	6e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during mos life. Do NOT use retired.)	N t of working	16b. KIND OF BUS	SINESS/INDUSTRY	
ND hospit:	COMPL		Mechanic , Ret			overmen	t
8 8 8 X	BE CC	James Mitchell Simpson ,S	r.		e (First, Middle, Maiden : a Dent S		
MAR sained should	6	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street an				
LI A ST		Ethel Rae Simpson	Star Rt. #				
BO I			LACE AND DATE OF DISPOSITION (Namery, crematory or other piece)  LCTED HEART CO	emeterv	7/6/93 T.	cation – city or to	wn, Stata Md
ALT death. e funer II. examiline			MOO174 AREH	ART-ECH	OLS FUNE	RAL HOM	E, INC.
		23. PART I. Enter the diseases, or complications that collect to	P.O.	BOX 56	7,LA PLA	TA, MD.	
hin 24 hours after tely filled in by the mation, or remover, the medical		shock, or heart fellure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death)	h lina.	i far		ratory arrest,	Approximate interval Batween Onset and Death
8760, sured withi 1 complete urial, crem ic event,	2	OUE TO OR AS A C	ONSEQUENCE OF):	-	lica	·	
OX 68 be execute sician and c rior to buria	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE OF:				
certificat ding phy tygiene p	CERTIFIC	CAUSE (Diseesa or Injury that initiated events resulting in death) LAST	ONSEQUENCE OF):				
S, P death death e atten lemtal H	- 1	a Higher	uncer				1
ORD s that the ned by th ith and M	EDICAL	PART II. Other significent conditions contributing to death but	not resulting in the underlying	ceuse given in P	PERFORI	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RECONTROLLES  Note the sign of	Σ	Julistonary de	rease.		-		1 TES 2 NO
VITAL FAN: The law in flicate has be state Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMMER?  1  YES 2 NO 1   Inpertent 2   ER/Outparts	OTHER:	ACE OF DEATH (Chec			
OF PHYSICIA this cert with the		27. MANNER OF DEATH  1 Netural 5 Pending  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY WOR		Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURED	
3 Suicide a Could not be determined 288. PLACE OF INJURY — At home, farm, atreet, factory, offic building, etc. (Specify)					281. LOCATION (Street at City or Town, State)	nd Number or Rural R	oute Number,
AL DIRI	COMPLET	29a. CERTIFIER (Check only one)					
HOSPITAL FUNERAL within 72	8	2 MEDICAL EXAMINER: On the basis of exemination a					
TO THE HOSPITA TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE	Bursul wettell	Lino	D-08370	DER	P 7	(Month, Dey, Year)
	_	Paul E. Pritchett, M.D.	118 I La P	LaGrange Lata, Mar	Avenue, P yland 206	.0. Box :	1317
		31. DATE FILED (Month, Day, Year)  JUL 06 '93  32. REGISTRAR'S SIGNATO					
		1					DHMH-18 Rev 1/89

use as the burial-transit permit. Pages 1, 2, 3 should

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funeral director, page 5 should be

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	Tal DR ATTENDING DAYCOLDAY. The law remaines that the death certificate he executed within 2 bours of
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	want the
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JUL 06

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR Raymond July James Sidler 04 1:50 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year April21 227-18-5287 77 1 XM 2 | F MONTHS DAYS HOURS 916 Maryland Sa. FACILITY HAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Physicians Memorial Hospital LaPlata Charles RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. IHSIDE CITY Maryland Charles Pisgah 1 YES 2 ND FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? kt. 1, Box 1190C La Plata,Md. 20646 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? TYPEN 2 HD IF YES, GIVE WHAT OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Widowed 4 Divorced BY White WW 11 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIHD OF BUSINESS/INDUSTRY uring most of working Elementary/Secondary (0-12) Maryland Department of College (1-4 or 5+) Construction Assistant Natural Resources Once. 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname)
Sarah Josephine Johnson George W. Sidler F BE notified 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joyce I. Taylor Box 1190C La Plata.Md. 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Trinity Memorial 7/7/93 Waldorf,Md Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSIS examiner 22. NAME AND ADDRESS OF FACILITY AREHART-ECHOLS FUNERAL HOME, INC. M00174 in by the removal. 567 LA PLATA, MD BOX medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert feliure. List only one cause on each line. Approximate attending physician and completely filled in a Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** the disease or condition Carres tastat event. resulting in death) tear DUE TO (OR AS A CONSEQUENCE OF) traumatic MIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING d by the attending physic h an Megallicopin pri any blury, or other t CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART il. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO any signed the COMPLETION OF CAUSE DF DEATN? 1 TYES 2 HO Shows 1 YES 2 ND has been Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL certificate h item 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 3 NO Impatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 27. MAHHER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED with marked. 1 Hatural 5 Pending Investigation 2 Accident 1 YES 2 HO After death BY 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 Item 29a. CERTIFIER
(Chack only.)

CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. FUNERAL I = TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 2 MEDICAL EXAM Cen the basis of axemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITUE OF CENTRIER BE 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) 4Jn D-27348 UN 1993 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Howard M. Haft, MD P.O.Box 1647 Waldorf, MD 20604 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Julie Devidous Rondelle

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT O CERTIFICATE (	F HEALTH AND OF DEATH	MENTAL HYGIENE REG. NO.	93 20020
	1. DECEDENT'S NAME (First, Middle Last)	RY MI	ctoria Ship		2. DATE OF DEATH DAY	95 11: 2T FM
	4. SOCIAL SECURITY NUMBER  2/2-09-481  9a. FACILITY NAME (If not institution, give	1 DM 2 0 F	YRS. Bast bir poly) IF UNDER 1 YI VRS. MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country), S.A. MD,
DIRECTOR	ST. JOSEPH +	espital	Tow	1.0	)	Balto.
		Marford	Bel ALV			10d. this DE CITY LIMITS?  1/ YES 2 NO
FUNERAL	100. STREET AND NUMBER 10 COUNTY 11. MARITAL STATUS	1	Dr.	21014		10g. CITIZEN OF WHAT COUNTRY? USA
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT'EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO If ye	DECENDENT OF HISPAI B., apecify Cuban, Mexica YES 2 NO Specification		14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of work done durin life. Do NOT use retired.)  Telephone Op	g most of working	16b. KIND OF BUSH	
BE CON	17. FATHER'S NAME (First, Middle, Last) Lemuel Ellswort	h Bird		Victori	ME (First, Middle, Meiden St. a Alberta	Ewig
TO B	19e. INFORMANT'S NAME (Type/Print) Leona H. Bird		710 Country			State, Zip Code) Air, Md. 21014
4	20s METHOD OF DISPOSITION   Burlal 2   Cremation 3   Rer 4 Donation 5   Other (Specify)	noval from Stata cemet	PLACE AND DATE OF DISPOSITION Pery, crematory or other place) OUDON Park Cer	etery 7-	-7 <del>-</del> 93 Ba	ATION — City or Town, Stata 1£imore, Md.
	21. SIGNATURE OF FUNERAL SERVICE L	Hymr. Co	mestil Col	esun no	ABMOON	m D 21009
RTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Due TO (OR AS A C	CONSEQUENCE OF :	Augusta Lufa	Le	Approximate interval Between Onset and Death
AL CE	that initiated events resulting in death) LAST	d	not resulting in the under	ying cause given in	Part I. 24a. WAS AN AI PERFORM	UTOPSY 24b. WERE AUTOPSY FINDINGS ED7 AMAILABLE PRIOR TO COMPLETION DE CALIER
: MEDIC		Morace Miles	91520016)		1 _ YES 2 %	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	NØSPITAL:  1 V tripationt 2 ER/Outpat  28a. DATE OF INJURY	lent 3 DOA 4 Nursing	6. PLACE OF DEATH (Ch	8 Other (Specify)	
BY	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)  26s. PLACE OF INJURY -	WJURY	INJURY AT WORK?  YES 2 NO	28t. LOCATION (Street age	d Number or Rural Route Number,
LETED	4 Homicide determined	building, etc. (Specify	0		City or Town, State)	
COMPL	one) /2   MEDICAL EXAMIN				time, date and place, and	dua to the cause(a) and manner as stated.
TO BE COI	296. SIGNATURE AND SPILE OF CENTIFIE	To		29c. LICENSE NUI	MBER	DATE SIGNED (Month, Day, Year)  → 07-02-93
	36. NAME AND ADDRESS OF PERSON WI Stephen Lin 31. DATE FILED (Month, Day, Year)	coln Mil.	Suite 304 10	10 Str. Pre	rice Dr. To	wson, Md. 21204
	JUL 06 '93	32. REGISTRAR'S SIGNAT	andolf.			,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE C	F DEATH	w	YEAR	3. TIME OF DEATH
	DOROTH	IY HA	ZEL TRUI	E							29 1		YEAR	11:30 A.M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. In:	st birthday)	IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH	IPLACE (State or Foreign
~	219-74-4457	88	YRS.	- Continu	Units	NOUNS	mers.		19 1	904		NTUCKY		
	9a. FACILITY NAME (If not in		9b. CITY	TY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					DEATH					
5	STAR ROUTE I	30X#55				FL	FLINTSTONE ALLEGAN					GANY		
EC	10a. STATE	10b. COUNT	γ		10c. CI	ry, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
뜸	MARYLAND	AT.	LEGANY			FLIN	רכדם	NE						LIMITS? 1 ☐ YES 2√√ NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER					L LILIN.	_	1. ZIP COD	Œ			10g. CIT	IZEN OF V	WHAT COUNTRY?
ER	STAR ROUTE	E BOX#	55					215	30				II.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. AF	MED			ENDENT	OF HISPAN	NIC ORIGIN?	(Specify Yes		14. RAC	E — American Indian, k, White, etc.
BY F	1 Never Married 2 Services 1 Never Married 2 Services 2		IF YES, GIVE	WAR OR DATES				2 XNO			can, etc.)	- 1	Spec	Hy:
	1	EDENT'S EDU	ICATION .	140 00	CEDENT	B USUAL O	COURT	ON		1 405	KIND OF SU	DINJERO (IN)	DUGTON	WHITE
	(Specify on	ly highest grade	completed)	(G	live kind of	work done	during me	ost of work	ing	100.	KIND OF SU	SINESS/IN	DUSTRY	
7	Elementary/Secondary (	0-12)	College (1-4 or 5		IICE I	KEEPI	70				HOHER	וקקע	משמ	
COMPLETED	17. FATHER'S NAME (First, M			I no	USE	NE E		16. MOT	HER'S NA		HOUSE		PF.R	
В	WILLIAM	E. SC	TTC					IN		McBRA		,		
) BE	19a. INFORMANT'S NAME (			19	b. MAILIN	G ADDRES	S (Street	and Numbe	or or Rural	Route Numbe	er, City or Tow	m, State, Zi	ip Code)	
5	BESSIE HUD	GINS		S	TAR I	ROUTI	E B	OX#	54 F1	LINTS	TONE,	MARY	YLANI	21530
	20g. METHOD OF DISPOSIT	TION on 3 Ann	noval from State	20b. PLACE other pa	OF DISPO	SITION (N	ame of ce	metery, cre	matory or		20c. LO	CATION -	- City or To	own, Stata
	4 Donation 5 Other			- SINSE	T CE						CIIM	BERL	AND N	MARYLAND
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	1)			and the same	NO ADDRI			EDAT 1	TOME		
	Wal	e di	Hemo	1							ERAL I		A ATTA A	MARYI AND
	23. PART i. Enter the d													Approximate
	IMMEDIATE CAUSE (FI		List only one ca	use on esch line			1				1			Onset and Death
	disesse or condition resulting in desth)	$\rightarrow$	. (	rece!	e	1	ue	241	MO.	ni T	15.			
			DUE TO	OR AS A CONSE	OUENCE (	OF):								
No	Sequentially list condit	tions,	b	O (OR AS A CONSE	3.	5								
AT	If sny, lesding to imme cause. Enter UNDERLY		DOL 10	(On AS A CONSE	OUENCE (	ж.								
CERTIFICATION	CAUSE (Disesse or injute that initiated events		C	O (OR AS A CONSE	QUENCE (	OF):								1
F	resulting in desth) LAS	ST	d											
	PART II. Other significa	ent conditio	ne contributing to	a death but not	en en déla a	In the s	nale de la		eluna la	Don't I	24s, WAS AN			WEST 417000V 57101100
N N	TAIT II. Other agrillor	biit conditio	tio contributing to	o destil but not	resutting	mi trie d	nuerryn	g cause	given in	Part I.	PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL										-	1 TYES	NO	+	OF DEATH?
Σ										- 1				1 TES 2 NO
AN	25. WAS CASE REFERRED 1	TO MEDICAL					06.5	ACE OF	DEATH (C)	heck only one				
PHYSICIAN	EXAMINER?	MEDICAL	HOSPITAL:	☐ ER/Outpatient		OTHE	R:							
148	27, MANNER OF DEATH		26a. DATE D	0.000	28b. Til			JURY AT	lealdence	6 ☐ Other	(Specify)	INJURY OF	CCLIBED	
		Pending	(Month,	Day, Year)	100	IJURY M	W	YES 2	□ NO					
) BY	2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY — At h	ome, ferm,	street, fac	tory, offi	ce					er or Rural	Route Number,
COMPLETED	4 Homicide	determined	building	j, etc. (Specify)						City o	r Town, State	)		
Ä	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	of my knowledge, d	eath occur	red at the	time, dat	e and plac	e, and due	to the caus	e(a) and ma	nner as st	sted.	
₩														a) and manner as stated.
E C	29b. SIGNATURE AND TITLE	E OF CERTIFIE	ER .		- /			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
0		Sta	سعد		and			0	08	337	7	▶ j	IUNE	29 1993
2	30. NAME AND ADDRESS O	F PERSON W	HD COMPLETED CA											
	DR. URIEL E		NDIA	924 SI	ETON	DRIV	E CI	JMBEF	RLAND	, MAI	RYLANI	215	502	
	31. DATE FILED (Month, Day,			AR'S SIGNATURE		İ								1
	JUN 3 0	1227.	Vanish .	many show	-								1	

by the hospital or attending physician.
The detached for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after decreases may be majored by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer continuous strong to detacted for use as the beful within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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SPITA	NERA Thin 72	NT: H
H H	HE FU	ORTA
2	2 3	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	-	>

ESCALE SECURITY NUMBER  1. SEX	1. DECEDENT'S NAME (First, Middle, Las	t)						2. DAT	E OF DEATN		-	3. TIME OF DEATH
Section reviewed to the property of the proper	Elizabeth	M. Tharp						MON	TH			
SECTION OF MINISTRA AND INTERIOR OF MINISTRA AND OF MUSICAL PARTY NAME	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR IF L	UNDER 24 HRS.	_		-/9/	/	1 2 10 2 10 4 10 10
See Medical Modern Hospital  Secretary Modern Ho	21.6-22-6931	1 M 2 W F		11 - D D C				(Mor	th, Day, Year)		Count	77)
SCOPE HEART HOSPITAL  CREMENT AND PROCESSORY  INC. COVINTON  INC.		offic	10						-15-1			
TRESTORES OF DECEDENT  MATYLAND  All egany  Frostburg  IN TPP CODE  VICENTIANO MARKET  12 Prost Village  12 Prost Village  12 Prost Village  13 WAS DECEDENT FURTH N. J. AMADD  14 Work TREAT AND WAS AND CONTROL OF THE STATE OF								PEATN				
THE STATE   SECONDAY		lospital			Gu	umberl	and			AL	Lega	ny
Marry Land   All og any   Frostburg   100 Process   100		ITY		140. 00	EV POMBLOD							
THE PROPERTY AND NUMBER  12 PROSE VALIAGE  12 PROSE VALIAGE  13 WAS DECEMBERT AND INJURIES  14 WAS DECEMBERT AND INJURIES  15 WAS DECEMBERT AND INJURIES  16 WAS DECEMBERT AND INJURIES  17 WAS DECEMBERT SUPCATION  (ROCK of My Print and Common Commo												10d. INSIDE CITY LIMITS?
THE MANTHAL STATUS    TAMES   Married		Legany		rre	ostour	rg						1 YES 2 NO
15. MANTHER STATUS   TO PROCEST   TYPE 2 2 3   TYPE 2 2 3   TYPE 2 2 3   TYPE 2 2 3   TYPE 2 2 3   TYPE 3 2 3						10f. ZIP	CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
It MARTIAL STATUS   12   Martied   12   Martied   12   Martied   12   Martied   12   Martied   12   Martied   12   Martied   13   Martied   13   Martied   14   Martied   14   Martied   15   Martied	12 Frost Vill	age				21	532			U	S.A	
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SECREPATE SENCIATION (Specify only highest gree completion)  Betweenterpytescouring (1943)  Codings (14 or 5 s.)  Codings (14 or 5 s				NO					Rican, atc.)			
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Control of working most of w			16a,	DECEDENTS	USUAL OCC	CUPATION		1 16	b. KIND OF F	HISINESS/INI	HSTRY	MITTER
BOUNDATION OF DEPORTOR  T. PATTERS NAME (First, Micsia, Last)  Thurnan  T. Thu				(Give kind of life. Do NOT u	work done du	uring most of v	working	1"				
TRANSPORT NAME (First, Middle, Lail)  TRUMBAT  I. TRUMP  II. TRUMP  III. SOUTHER'S NAME (First, Middle, Macket Survey)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Macket Survey)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Middle, Lail)  III. SOUTHER'S NAME (First, Middle, Mid	A (0-12)	Conege (1-4 or 5	(+)						Do	mesti	C	
Truman  I. Tharp  II. White Additions of Part Review Number of Part Review Number City or Revin Stein, 29 Code)  Virginia Butler  Revised of Dear Specific Number of Part Review Number City or Revin Stein, 29 Code)  Revised of Dear Specific Number of Part Review Number City or Revin Stein, 29 Code)  Revised of Dear Specific Number of Part Revised Number City or Revin Stein, 21536  Revised of Dear Specific Number of Dear Specific Number of Part Revised Number City of Revin Stein Stein Number City of Revin Stein City Of Revised Number City of Revin Stein Stein Number City of Revin Stein Stein Number City of Revin Stein Stein Number City of Revised Number City of Revin Stein Stein Number City of Revin Stein Stein Number City of Revised Number City Number City Number City Number City Number City Nu	T FATHER'S NAME (First Milder 1 ::			House	ekeepi						-	
Year   Name (poethod)   Year   Name (poethod)   Year   Name (poethod)   Year   Name (poethod)   Year   Name (poethod)   Year   Name (poethod)   Year   Year   Name (poethod)   Year						18.	MOTHER'S N	AME (First,	Middle, Maid	len Sumame)		
Virginia Butles  Route 1. Box 96 Grantsville, Maryland 21536  Report No. PLACE AND DATE PROPOSITION   DATE   20c. LOCATION - City or Town, State		I.	Tharp				Juli	a	C. F	Rupp		
Description of piercestron   Beauty   Commenton   DATE   20c. LOCATION — City or Town, State				19b. MAILING	G ADDRESS	(Street and Nu	umber or Rura	Route Nur	nber, City or 1	own, State, Zij	Code)	
Sequentially liet conditions, and state and season of the sequentially liet conditions contributing to death but not resulting in the underlying ceuse given in Part I.  DUE TO (OR AS A CONSEQUENCE OF):  C. ANAMER NO FOREITY OF TOWN AS A CONSEQUENCE OF):  C. ANAMER NO FOREITY OF TOWN AS A CONSEQUENCE OF):  C. ANAMER NO FOREITY OF TOWN AS A CONSEQUENCE OF):  C. ANAMER NO FOREITY OF TOWN AS A CONSEQUENCE OF):  C. ANAMER NO FOREITY OF TOWN AS A CONSEQUENCE OF):  C. ANAMER NO FOREITY OF THE SEQUENCE OF THE SEQ	Virginia Eutl	.er		Route	1. F	Box 96	Gran	t.swi	170. 1	[prir]	nd	21536
Does to Constituting to death but not resulting in the underlying ceuse given in Part I.   24s. WES AN AUTOPSY PERFONNER PROPERTY II. OTHER IT IN COMPLETION OF CAUSE OF DEATH   Conditions on the contributing to death but not resulting in the underlying ceuse given in Part I.   24s. WES AN AUTOPSY PERFONNER OF COMPLETION OF CAUSE OF DEATH   Conditions on the contributing to death but not resulting in the underlying ceuse given in Part I.   24s. WES AN AUTOPSY PERFONNER OF COMPLETION OF CAUSE OF DEATH   Conditions on the contributing to death but not resulting in the underlying ceuse given in Part I.   24s. WES AN AUTOPSY PERFONNER OF COMPLETION OF CAUSE OF DEATH   Conditions on the course of conditions on the course of	METHOD OF DISPOSITION		20b PLA									14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23. PARTI Enter the disease, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line.    Approximate shock, or heart failure. List only one cause on sech line.   MMEDIATE CAUSE (Final disease or conflictions, resulting in death)   Approximate shock, or heart failure. List only one cause on sech line.   MMEDIATE CAUSE (Final disease or conflictions or cause on sech line.   Approximate shock, or heart failure. List only one cause on sech line.   Approximate shock, or heart failure. List only one cause on sech line.   Approximate shock, or heart failure. List only one cause on sech line.   Approximate shock, or heart failure. List only one cause on sech line.   Approximate shock, or heart failure. List only one cause on sech line.   Approximate shock, or heart failure. List only one cause on sech line.   Approximate shock, or heart failure. List only one cause on sech line.   Approximate shock, or heart failure. List only one cause on sech line.   Approximate shock on s	Buriel 2 Cremation 3 Re	moval from State	annetes.		. 46 46 1			1				
23. PARPI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on asch line.    MANUAL PROPRIET   Manual Properties   Manu		ICENSES	_ nes	Lawr	Memo	rial	Garde	a b/i	35 La	Wale,	Mar	vland
23. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  25. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  26. PLACE OF DEATH   Other significant conditions contributing to death but not resulting in death    27. MANNER NP DEATH   Other significant conditions contributing to death but not resulting in death    28. PLACE OF DEATH   Other significant conditions contributing to death but not resulting in death    29. PLACE OF DEATH   Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  26. PLACE OF DEATH   Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  26. PLACE OF DEATH   Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  26. PLACE OF DEATH   Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  26. PLACE OF DEATH   Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  26. PLACE OF DEATH   Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  26. PLACE OF DEATH   Other significant conditions contributing to death or the part of cause of ceuse in part I.  26. PLACE OF DEATH   Other significant conditions contributing to death or cause given in Part I.  27. MANNER NOT DEATH   Other significant conditions contributing to death or cause given in Part I.  28. PLACE OF DEATH   Other significant conditions contributing to death or cause given in Part I.  28. PLACE OF DEATH   Other significant conditions contributing to death or cause given in Part I.  28. PLACE OF DEATH   Other significant conditions contributing	II. SIGNATURE OF PONERAL SERVICE	LICENSEE	-		22. N	AME AND AD	DRESS OF F	ACILITY 1	N	TO	79 415	01910
23. PART is one the diseases, or complications that caused the desht. Do not enter tha mode of dying, such as cardiac or respiratory arrest, inhamped and contributions of the course of	- John Ti	11							Jurst	runer	al h	Oure
IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O	10000	Ruce	18									
DUE TO (OR AS (COMSEGUENCE OF):  d.  PART II, Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II, Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PERFORMED?  1 VES 2 NO  28. PLACE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 VES 2 NO  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. INJURY AT WORK?  1 VES 2 NO  28. PLACE OF OEATH (Check only one)  28. INJURY AT WORK?  1 VES 2 NO  28. DATE OF INJURY AT WORK?  29. DATE OF INJURY AT WORK?  29. DATE OF INJURY AT NORK?  29. DATE OF INJURY AT NORK?  29. DATE OF INJURY AT NORK?  28. PLACE OF INJURY AT NORK?  29. DATE OF INJURY AT NORK?  29. DATE OF INJURY AT NORK?  29. DATE OF INJURY AT NORK?  29. DATE OF INJURY AT NORK?  29. DATE OF INJURY AT NORK?  29. DATE OF INJURY AT NORK?  29. DATE SIGNE NUMBER  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)  29. DATE SIGNE (Month, Day, Year)	IMMEDIATE CAUSE (Final disease or condition	. List only one ca	use on asch i	lina.	57 not enter t	Fros	t Ave	. Fro	ostbur	g, Md	. 21 rest,	532 Approximate Interval Betw
26. PLACE OF OEATH (Check only one)  26. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH  1 VES 2 NO  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY NJURY	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	O (OR AS A CON	SEQUENCE O	not enter to	Fros	t Ave	. Fro	ostbur	g, Md	. 21 rest,	532 Approximate Interval Betw
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Realdence 6 Other (Specify)  7. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide  4 Homicide  6 Could not be determined  28e. PLACE OF INJURY AI Normal, Street, factory, office  4 Homicide  9e. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  9e. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  7. MANNER OF DEATH  1 Ves 2 No  28e. NAJER AT 28e. MAJERY AT WORK?  1 Ves 2 No  28e. DATE OF INJURY AI NOWORK?  1 Ves 2 No  28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28e. CERTIFIER  1 CERTIFIER  1 CERTIFIER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. DATE SIGNEQ (Month, Day, Year)  4 DATE SIGNEQ (Month, Day, Year)	Sequentially liet conditions, if sny, laading to immediata cause. Enter UNDERLYING CAUSE (Pisease or Injury that initiated events resulting in death) LAST	DUE TO  DUE TO  DUE TO  C.  DUE TO  DUE TO  DUE TO	D (OR AS A CON	ISEQUENCE O	not enter the state of the stat	Pros	t Ave	o Front as ca	ostbur diac or res lule	AN AUTOPSY ORMEO?	• 21	Approximate interval Betwonset and De 12 do
EXAMINER?    YES 2 NO   HOSPITAL:   Content of the county	Sequentially liet conditions, if sny, laading to immediata cause. Enter UNDERLYING CAUSE (Pisease or Injury that initiated events resulting in death) LAST	DUE TO  DUE TO  DUE TO  C.  DUE TO  DUE TO  DUE TO	D (OR AS A CON	ISEQUENCE O	not enter the state of the stat	Pros	t Ave	o Front as ca	ostbur diac or res lule	AN AUTOPSY ORMEO?	• 21	Approximate interval Betwoonset and De 12 do 10
7. MANNER OF DEATH  1 Natural 2	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significant conditions in the condition of	DUE TO  DUE TO  DUE TO  C.  DUE TO  DUE TO  DUE TO	D (OR AS A CON	ISEQUENCE O	not enter the state of the stat	Fros	f dying, su	Part I.	24a, WAS, PERF	AN AUTOPSY ORMEO?	• 21	Approximate interval Betwonset and Double 12 d
Natural	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significant conditions.	b. DUE TO c. DUE TO d. HOSPITAL:	D (OR AS A CON	ISEQUENCE O	57 not enter the state of the s	Fros the mode of	of OEATH (C	Part I.	24a. WAS PERF	AN AUTOPSY ORMEO?	• 21	Approximate interval Betwonset and De 12 do
2   Accident   Suicide   Suicide   A   Homicide   See. PLACE OF INJURY — Al home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    282. PLACE OF INJURY — Al home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    283. CERTIFIER   CReck only one)   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  294. DATE SIGNED (Month, Day, Year)   CANTAINERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   CANTAINERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of	b. DUE TO c. DUE TO d. HOSPITAL: 1 Vinpatient 2	D (OR AS A CON	ISEQUENCE OF SEQUENCE OF THE S	57 not enter ti	Fros the mode of Carrying ceu 26. PLACE	of OEATH (C	Part I.	24a. WAS PERF 1 YES	AN AUTOPSY ORMEO?	21 rest,	Approximate interval Betwoonset and De 12 do 10
3 Suicide 4 Homicide 5 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 6 City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29s. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 Standing 19s. 3 Standing 2 Manual Plants of Person who completed cause of Death (ITEM 27) (Type, Print)	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of	B. List only one ca	D (OR AS A CON D (OR	SEQUENCE O	57 not enter the state of the s	Zerlying cou	of OEATH (C	Part I.	24a. WAS PERF 1 YES	AN AUTOPSY ORMEO?	21 rest,	Approximate interval Betwoonset and De 12 days.  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?
4   Homicide   Homicid	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are under the condition of the condi	B. List only one ca	D (OR AS A CON D (OR	SEQUENCE O	57 not enter the state of the s	Zes. PLACE 6: ng Home 5 MORK?	Jas given in	Part I.	24a. WAS PERF 1 YES	AN AUTOPSY ORMEO?	21 rest,	Approximate interval Betwoonset and De 12 do 10
(Check only one)  2   MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  996. SIGNATURE AND TITLE OF CERTIFIES  10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  11. Soundhal 20. M. D. T. Soundhal 20. M. D.	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  Sequentially liet conditions, if any leading in death and liet cause. Examiner?  1 yes 2 No  T. MANNER of DEATH  1 Natural 5 Pending Investigation	DUE TO  DUE TO	D (OR AS A CON D (OR AS A CON D (OR AS A CON D (OR AS A CON ER/Outpatient F INJURY Doy, Year) OF INJURY — AI	SEOUENCE OF THE SEOUENCE OF TH	other:  OTHER:  4   Nursing MEOF   2 JURY   M	Zes. PLACE 6: ng Home 5 WORK? 1 YES	Jas given in	Part I.	24a. WAS J. PERF 1 D YES	AN AUTOPSY ORMEO?  2 NO	21 rest,	Approximate Interval Betwoonset and De I 2 down onset and De I 2 d
(Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  9b. SIGNATURE AND TITLE OF CERTIFIER  9c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  6   29(9,3)  9. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are under the conditions of the co	DUE TO  DUE TO	D (OR AS A CON D (OR AS A CON D (OR AS A CON D (OR AS A CON ER/Outpatient F INJURY Doy, Year) OF INJURY — AI	SEOUENCE OF THE SEOUENCE OF TH	other:  OTHER:  4   Nursing MEOF   2 JURY   M	Zes. PLACE 6: ng Home 5 WORK? 1 YES	Jas given in	Part I.	24a. WAS J. PERF 1 D YES	AN AUTOPSY ORMEO?  2 NO	21 rest,	Approximate Interval Betwoonset and De I 2 day.  WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATHY  1 YES 2 NO
96. SIGNATURE AND TITLE OF CERTIFIER  Something to the signed (Month, Day, Year)  1. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  S. T. Sangihing M. D. Though the signed (Month, Day, Year)	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined	DUE TO  DUE TO	D (OR AS A CON D (OR	SEQUENCE OF SEQUEN	or in the und	Zec. INJURY / WORK?  1 Gride	Jaa given ir OF OEATH (C Raeldence	Part I.	24a. WAS J. PERF 1 DYES PERF 1	AN AUTOPSY ORMED? 2 NO	21 24b	Approximate Interval Betwonset and Dell Land Conset and Della Land Conset and Della Land Conset and Della Land Conset and Della Land Conset and
0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  S. T. Sanghian M. D. Thomas Address of Death (ITEM 27) (Typo, Print)	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the cause of the condition of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition of the cause	DUE TO  DUE TO	D (OR AS A CON D (OR	ISEQUENCE OF SEQUE	orne enter the street factor of at the time	Zes. INJUNY 1 USES	of OEATH (C Residence AT 2   NO	Part I.  Part I.  Part I.  286. OE	24a. WAS J. PERF 1 PERF	AN AUTOPSY ORMEO?  2 NO  V INJURY OCH  at and Number te)	21 24b	Approximate Interval Betwonset and De I 2 da.  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
S. L. Sandhin W.D. Brackland II	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST  PART II. Other significant conditions are under the condition of the condi	B. List only one ca  a. DUE TO  b. DUE TO  c. DUE TO  d. DOB CONTRIBUTING TO  A DOB CONTRIBUTING TO  28e. PLACE Of Month, 1  28e. PLACE Of building  SICIAN: To the best of the page of the purpose of th	D (OR AS A CON D (OR	ISEQUENCE OF SEQUE	orne enter the street factor of at the time	Zerlying ceu  26. PLACE of the major of the	Jaa given in  OF OEATH (C  Residence  AT  2 NO	Part I.  Part I.  Self. LOCK	24a. WAS J. PERF 1 PERF	AN AUTOPSY ORMEO?  2 NO  V INJURY OCH  at and Number te)	21 24b	Approximate Interval Betwonset and De I 2 da.  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
S. L. Sandhin W.D. Brackland II	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST  PART II. Other significant conditions are under the condition of the condi	B. List only one ca  a. DUE TO  b. DUE TO  c. DUE TO  d. DOB CONTRIBUTING TO  A DOB CONTRIBUTING TO  28e. PLACE Of Month, 1  28e. PLACE Of building  SICIAN: To the best of the page of the purpose of th	D (OR AS A CON D (OR	ISEQUENCE OF SEQUE	orne enter the street factor of at the time	Zerlying ceu  26. PLACE of the major of the	Jaa given in  OF OEATH (C  Residence  AT  2 NO	Part I.  Part I.  Self. LOCK	24a. WAS J. PERF 1 PERF	AN AUTOPSY ORMED? 2 NO v INJURY Octobre and Number teel	21 24b	Approximate Interval Betwoonset and De 12 do 12
S. L. Sandhin W.D. Brackland II	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST  PART II. Other significant conditions are under the condition of the condi	B. List only one ca  a. DUE TO  b. DUE TO  c. DUE TO  d. DOB CONTRIBUTING TO  A DOB CONTRIBUTING TO  28e. PLACE Of Month, 1  28e. PLACE Of building  SICIAN: To the best of the page of the purpose of th	D (OR AS A CON D (OR	ISEQUENCE OF SEQUE	orne enter the street factor of at the time	Zerlying ceu  26. PLACE of the major of the	Jaa given in  OF OEATH (C  Residence  AT  2 NO	Part I.  Part I.  Self. LOCK  286	24a. WAS J. PERF 1 PERF	AN AUTOPSY ORMED? 2 NO v INJURY Octobre and Number teel	21 24b	Approximate Interval Betwoonset and De 12 da.  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
MARIA MARINETTE TE MARINET	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  PART II. Other significant conditions.  1	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  28e. DATE Of (Month, Identified to building)  SICIAN: To like best of the best of the building of th	D (OR AS A CON D (OR	ISEQUENCE OF SEQUE	or HER:  OTHER:  OTHER:  OTHER:  Street, factor  at the tim  on, in my opi	Zerlying ceu  26. PLACE of the major of the	Jaa given in  OF OEATH (C  Residence  AT  2 NO	Part I.  Part I.  Self. LOCK  286	24a. WAS J. PERF 1 PERF	AN AUTOPSY ORMED? 2 NO v INJURY Octobre and Number teel	21 24b	Approximate Interval Betwoonset and De 12 do 12

9 JF - F - JE - WI

BALTINORE, MARYLAND 21215-0020	after death. Page 5 may at repense by the hopping or attending physician.  by the funeral dissolutes above to definite hir use as the burial-transit permit, Pages 1, 2 movel.	ical examiner must be netified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 hours after death. Pack the may be made to attending physician and completely filled in by the funeral discontinuation of the control of the burlat-transit permit. Pages 1, 2, 3 should be find within 20 hours after death with the State Dent of Health and Mental Horison or completely filled in the find within 20 hours after death with the State Dent of Health and Mental Horison or compute the find within 20 hours after death with the State Dent of Health and Mental Horison or computed to remove	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Law . *	2. DATE OF DEATH MONTH DAY

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEI		20031
19	1. DECEDENT'S NAME (First, Middle, Last)	Land - 4				2. DATE OF DEATH		3. TIME OF DEATH
	ALEXANDER	TYSON						93 10 50 P M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8	BIRTHPLACE (State or Foreign Country)
Ţ,	220-38-2850		52 YRS.	MONTHS DAYS	HOURS MIN.	1/12/19	41	Wash, D.C.
~	9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TOWN	OR LOCATION OF D	DEATH	9c. COUNT	Y OF DEATH
2	PRINCE GEORGE S	HOSPITAL CE	NTER	CHEVER	RLY		PRINC	E GEORGE'S
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
DIA	Maryland Princ	e Georges	Lar	dover				LIMITS?
	10e. STREET AND NUMBER	0001905			. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
ER	8704 Post Oak W	lay			20785		11	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye		4. RACE — American Indian.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 Tyes, sp	2 XNO Speci	an, Puerto Rican, etc.) //y:		Black, White, etc. Specify:
	15. DECEDENT'S EDUC	PATION		<u> </u>				Black
1	(Specify only highest grade	completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	JSUAL OCCUPATION  ork done during moderations  retired.)	ON st of working	16b. KIND OF BU	JSINESS/INDUS	STRY
PL	Elementary/Secondary (0-12) 9 th	College (1-4 or 5+)	Labor					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		парот	CI	18. MOTHER'S N	AME (First, Middle, Maider	- Sumama)	
	Vernon Tyson					e Green	· Garriarray	
BE (	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tox	vn, State, Zip C	(ode)
5	Vernon Tyson					y,Landov		
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remo	20b	PLACE AND DATE O	F DISPOSITION (Ne				ly or Town, State
	4 Donation 5 Other (Specify)	H	etery, cremetory or off armony	<u>Memori</u>	al Par	k6/21/93	Lando	ver,MD
	21. SIGNATURE OF FUNERIAL RESPVICE LIC	ENSEE		22. NAME AF	D ADDRESS OF F	ter Fune:		
	1-1	1	#846					D.C. 20010
	23. PART i. Enter the diseases, or c	omplications that cause	the death. Do no	ot anter the mo	da of dying, suc	ch as cardiac or resp	piratory arres	et, Approximate
	shock, or heart failure. I IMMEDIATE CAUSE (Final	List only one cause on e	ich line.					interval Between Onset and Death
	disease or condition resulting in death)	Mot	y Ani	11,	Carr	(as		İ
		DUE TO OR AS A	CONSEQUENCE OF		(uv	1	-	
NO	Sequentially list conditions,	Cin	4	luç	1 (	olor	Car	(01)
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	1				
음	CAUSE (Disease or injury that initiated events	DUE TO OR AS A	CONSEQUENCE OF					
E	resulting in death) LAST							j
		•						
Ä	PART II. Other significant conditions	contributing to death b	ut not reaulting in	the underlying	g cause given in	Part i. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 _ YES		COMPLETION DF CAUSE OF DEATH?
								1   YES 2   NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HO9PITAL:		26. PL OTHER:	ACE OF DEATH (C	heck only one)		
14S	1 YES 2 THO 27. MANNER OF DEATH	Inpatient 2 - ER/Outp	atient 3 DOA	4 - Nursing Hom		8 Other (Specify)		
	Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	PRY AT PK? PES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED
BÝ	3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, farm, at			28f. LOCATION (Street	and Number or	Provid Boudo Number
田田	4 Homicide 8 Could not be	building, atc. (Spec	Hy)			City or Town, State		THE STATE OF THE S
LET	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	adas danth sasumu	d ad the time a date				
COMPL								Couse(e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			,				
H		100101	, , )		29c. LICENSE NU	9 7LJ	29d. DATE 9	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	K24	017	16	-10-72
			- 11760	•	,			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
	WIN 2 3 1993	Lika Davids	n- Randall					

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22	phys
BALTIMORE, MARYLAND 21215-0020	1.24 hours after death. Page in many intertained by the hospital or attending physical
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ND 2	hospital
5	the
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MAR	retained
ME,	Park.
9	et.
Σ	Pag
AL	death.
n	after
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEI REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)			·		2. DATE OF DEATH	*	3. TIME OF DEATH
		Esther Julia 4. SOCIAL SECURITY NUMBER	Taylor				6 1	6 9	3 84 4
	9	579-16-5957-D	5. SEX 6. AGE (1)	n yrs. last birthday)	IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 - 28		BIRTNPLACE (State or Foreign Country) Ashington, DC
shouk		9a. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	
2, 3	POT	Sacred Heart Hom	ie		Hyatts	ville		Princ	e George's
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	10a. STATE 10b. COUNT	ce George's	1	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
ermit.	- 1	10s. STREET AND NUMBER	ecc ocorge s	liya		ZIP CODE	<del></del>	10g, CITIZEN	1 N YES 2 NO
n. ansit p	ER/	5805 Queens Chap	el Road			20782		U.S.A	
	BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Diverced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spi		NIC ORIGIN? (Specify Vin, Puerto Rican, etc.)	ns or No 14.	RACE — American Indian, Black, White, etc. Specify: White
# 2	ED	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. DECEDENT'S U	ISUAL OCCUPATION MORE	ON	16b, KIND OF B	JSINESS/INDUS	
8 2	COMPLET	Elementary/Secondary (0-12) unavailable	College (1-4 or 5+)	Iffe. Do NOT use	retired.)				
the hospi detached	M M	unavallable  17. FATHER'S NAME (First, Middle, Last)		Clerical	. / Home			Governm	nent
2 2 2		John Jett				(unavai)	ME (First, Middle, Maide	orbett	
	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street s		Route Number, City or To		cle)
65/e	F	Toshiko Knight		5805 Q	ueens C	hapel Ro	ad, Hyatt	sville,	MD 20782
5 5		20a, METHOD OF DISPOSITION  1 (X Burlai 2 Cremation 3 Rem	noval from State 20b.	PLACE AND DATE OF	P DISPOSITION (Na.	me of	DATE 20c. L	OCATION — City	ing, Maryland
Page direct		4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIFE	CENSEE	A OI HE	22 NAME AN	D ADDRESS OF FA	CILITY		
after death. Pag yy the funeral di moval. Ical examiner		· Cleanles 7	E BOOD	/	Franci	s Gasch'	s Sons Fu		
ated within 24 hours after death. Page to completely filled in by the funeral direct rial, cremation, or removal.  event, the medical examiner m		23. PART I. Enter the diseases, or	complications that caused	the death. Do no					e, MD 20781
fed in		shock, or heart fellure.  IMMEDIATE CAUSE (Finel	List only one cause on ea	of line.		S 1111-111-111-1111	socialists, const.		Interval Between Onset and Death
hin 24 ntely fills mation, t, the		disease or condition resulting in death)	PNEUM	ONIA					<48HR1
executed within and completely o burial, cremar matic event,		31150 18 V 1910 U		CONSEDUENCE OF)	•				
e be execute sician and crior to buris	NO.	Sequentially list conditions,	DUE TO (OR AS A	CONSEDUENCE OF					<48HRs
ysician prior t	B	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		DEMENT					>3 years
ertificat ing phy giene p	E	that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE OF)	:				
he death certificate be executed the attending physician and con Mental Hygiene prior to burlai, hiury, or other traumatic en	CERTIFICATION	ALTONOMIA IS	d						
- 20 -	A I	PART II. Other significant condition	ns contributing to death bu	it not resulting in	the underlying	cause given in	Part I. 24a, WAS A	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
requires tha een signed of Health a	MEDIC					<u></u>	1 YES	2 <u>NO</u>	OF DEATH?
PHYSICIAN: The law requires th this certificate has been signed with the State Dept. of Health with the State Dept. of Health ried, or Hem 23 shows an	Σ						-		1 TYES 2 NO
he law e has t te Dept m 23	¥								
ICIAN: The certificate h the State I	<b>F</b>	25. WAS CASE REFERRED TO MEDICAL			25.00	ACE OF DEATH (Ch	eck only one)		
PHYSIC this ce with th	YSICI	EXAMINER?  1 VES 2 AO	HOSPITAL: 1   Inpatient 2   ER/Outpe		OTHER!		6 Other (Specify)		
After this death with	PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN			OTHER: OF 28c, INJURY	e 5 ☐ Residence URY AT RK?		INJURY OCCUR	ED
DOR:	B	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	1   Inpetient 2   EP/Outpe 28s. DATE DF INJURY (Month, Day, Year)	28b. TIME	OTHER:  I Mursing Home OF 28c, INJI RY WOI  M 1   Y	o 5 Residence URY AT RK7 'ES 2 NO	6 Other (Specify)  28d. DESCRIBE NOW		
	ED BY	EXAMINER?  1 VES 2 ND  27. MANNER OF DEATN  1 Netural 5 Pending	1 ☐ Inpetient 2 ☐ ER/Outpe 28s. DATE OF INJURY	28b. TIME	OTHER:  I Mursing Home OF 28c, INJI RY WOI  M 1   Y	o 5 Residence URY AT RK7 'ES 2 NO	6 Other (Specify)	and Number or I	
AL OR AL DIRECTOR	ED BY	EXAMINER. OF DEATN  27. MANNER. OF DEATN  1 Netural 5 Pending investigation  2 Accident 5 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSICAL COURSE OF THE COURSE OF THE COURSE OF THE COURSE OF T	1   Inpetient 2   ER/Outpe  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Special Clanse)	28b. TIME INJU	OTHER:    Varing Home OF 28c, INL! RIY WO 1   Y rest, factory, office	e 5 Residence URY AT RK7 TES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(e) and mo	and Number or i	Rural Route Number,
로 국 전 =	ED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	1   Inpetient 2   ER/Outpe  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Special CIAN: To the best of my knowle	28b. TIME INJU	OTHER:    Varing Home OF 28c, INL! RIY WO 1   Y rest, factory, office	e 5 Residence URY AT RK7 TES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(e) and mo	and Number or i	Rural Route Number,
THE HOSPITAL THE FUNERAL filed within 72	BE COMPLETED BY	EXAMINER. OF DEATN  27. MANNER. OF DEATN  1 Netural 5 Pending investigation  2 Accident 5 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSICAL COURSE OF THE COURSE OF THE COURSE OF THE COURSE OF T	1   Inpetient 2   ER/Outpe  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Special CIAN: To the best of my knowle	28b. TIME INJU  At home, farm, str  At home, farm, str  dege, death occurred and/or investigation,	OTHER:    Muraing Hom OF 28c. INJR WO 1   V reet, factory, office   at the time, date   in my opinion, de	e 5 Residence URY AT RK7 TES 2 NO end place, and due sath occured at the	6 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Yourn, State to the cause(e) and metime, date and place, a	and Number or i	Rural Route Number,
THE HOSPITAL THE FUNERAL filed within 72	COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	1   Inpetient 2   ER/Outpe  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Clans)  ICIAN: To the best of my knowle	28b. TIME INJU  At home, farm, str  At home, farm, str  dege, death occurred and/or investigation,	OTHER:    Muraing Hom OF 28c. INJR WO 1   V reet, factory, office   at the time, date   in my opinion, de	e 5 Residence URY AT RK7 TES 2 NO end place, and due sath occured at the	6 Other (Specify)  28d. DESCRIBE NOW  281. LOCATION (Street City or Yourn, State  to the cause(e) and materials, date and place, a	and Number or i	Rural Route Number,

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TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the function direction, page a string to produce for use as the bunal-transit permit. Pages 1, 2, 3 should oval.	I THE CONCLAR. UNDEFINE THE UNS GRENDARY HAS DEED SIGNED BY HE ALENDING PRINCIPAL AND COMPRESSY HER DESCRIPTION OF THE DESCRIPT
iter death. Page 6 may be responsive the majorital or anending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be required to the interpretation of the property of t
BALTIMORE, MARKEAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.				
Total College	1. DECEDENT'S NAME (First, Middle, Last)	E.		mas		2. DATE OF DEATH	··- Q	VEAD 1	2150 P	
	4. SOCIAL SECURITY NUMBER 214-76-5463	1 🗌 M 2 🖾 F	MGE (In yrs. last birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/12/37	7	Country)	e, Md.	
TOR	99. FACILITY NAME (If not institution, give street Prince George's RESIDENCE OF DECEMENT		enter		or Location of DE Perly	ATH		nce (	George's	
DIRECTOR	Md . 10b. COUNTY	P.0		Town or Loca Capito	Hgts.				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	5810 Falklan	d Pl.			20743		_	S.A.	IAT COUNTRY?	
B≼	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y	YES 2 NO	If yes, sp	DENDENT OF HISPAN Healty Cuben, Maxicer 1 2 NO Specify.	IC ORIGIN? (Specify Yea n, Puarlo Ricen, etc.)	or No—	14. RACE - Black, 1 Specify:	- American Indian, White, atc. Black	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12) 6th	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us HOMEMO	vork done during mo e retired.)	ON ost of working	16b. KIND OF BUS				
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles W.	Thomas				ME (First, Middle, Maiden Thomas	Surname)			
10	190. INFORMANT'S NAME (Type/Print) Paulette T. Thor		196. MAILING Same	ADDRESS (Street e	ond Number or Rural R	loute Number, City or Town	n, State, Zip	Code)		
	20a, METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Remon 4 Donation 5 Other (Specify)		20b. PLACE AND DATE CONTROL OF OR	Mem. F	ark 6/1	9/93 Lan	dove		i.	
	21. SIGNATURE OF FUNERAL SERVICE LICE		Pratt	22. NAME A H . S 492	Mashin 5 Burro	gton & S ughs Ave	ons,	Inc.	,	
	23. PART I. Entar the diseases, or conshock, or heart feliume. LimmeDIATE CAUSE (Final disease or condition resulting in death)	Omplications that cause of Clusters.  DUE TO (OR A	on each line.						Approximate interval Between Onset and Death	
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CERTI	that initiated events resulting in daeth) LAST		AS A CONSEQUENCE OF					4		
PHYSICIAN: MEDICAL	PART II. Other significant conditions  Pavaly 818, Seis  autr actual	zene der	th but not resulting i	n the underlyin	g cause given in F	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	A 0 0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (One	ck only one)				
	27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/0 28e. DATE OF INJU! (Month, Day, Yel	RY 28b. TIM	4 Nursing Hom E OF 28c. INJ URY WO	URY AT PRES 2 NO	B Other (Specify)  28d. DESCRIBE HOW IN	JURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJi building, atc. (	URY — At home, farm, a Specify)			281. LOCATION (Street e City or Town, State)	nd Number	or Rural Rou	ste Number,	
COMPLETED		IAN: To the beat of my ki							and manner ee stated.	
TO BE	Overed Ton	lupies	ann		29c. LICENSE NUM	30	29d. DAT	E SIGNED (M	Aonth, Day, Year)	
	30. MAME, AND ADDRESS OF PURSON WHO STUDIES 13 P. Ro do. 31. DATE FILED (MAINER, Dies, 1942)	que ma	DEATH (ITEM 27) (3/10)	Paypur	nch Cp	Sw. M.	12	074	08	
	JUN 2 5 1993	Justia Da	undson-Aandel	2				,		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

			CENT	HICAIL	OF DEATH	REG. N	Ю.		
1	1. DECEDENT'S NAME (First, Middle, Last)	James Hov	ward Ty	ree Sr		2. DATE OF DEATH MONTH		EAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthdi			July 6		_	1440
	236-16-5315	1 💢 M 2 🗆 F	74 YR	MONTHS DA		Sept. 21	, 1918	Country)	t Virginia
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	WN OR LOCATION OF D		9c. COUNT		
DINECTOR	Union Hospital of	f Cecil Cour	nty	Elkt	on		Ceci		
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY								
	Maryland Ceci			city, town on L Elkton	OCATION				d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			EIKLOII	10f. ZIP CODE		40- 07175		YES 2 NO
CINETION	102 Hearthstone I	rive			21921		U.S.		COUNTRY
	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify			American Indian,
	1 Never Married 2 Married	FORCES? 1 X YE		If yes	s, specify Cuban, Mexic YES 2 X NO Speci	en, Puerto Rican, etc.)		Black, W Specify:	Tritle, etc.
	3 Widowed 4 Divorced	World War	r II						White
	15. DECEDENT'S EDU- (Specify only highest grade		(Give kind	T'S USUAL OCCUI of work done durin T use retired.)	PATION g most of working	16b, KIND OF	BUSINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	-	irman		Autom	obile M	lanuf	acturing
	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S N	AME (First, Middle, Maid			
1	Unknown				Tel morriest orth	Unknown	err surname)		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (St	eet and Number or Rural		fown, State, Zip Co	ode)	
2	Freda Mae Tyree		102	Hearths	stone Driv	e - Elkto	n, MD	2192	1
	20s. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem		20b. PLACE AND DA			7-9 20c.	LOCATION — CH	y or Town,	State
	4 Donation 5 Other (Specify)		Gilpin M	anor Mer	n. Park	1993 E	lkton, l	Mary1	land
1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	01-	22/NAM	E AND ADDRESS OF FI	for Funer	als, P.	Α.	
╛	Malph	16.	HICK		03 West St Lkton, MD	ockton St 21921-55	reet 21		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	E OF):					
	PART II. Other significant condition	s contributing to death	but not resultin	ng in the under	ving cause given in	Part I 24a WAS	AN AUTOPSY	24h WE	RE AUTOPSY FINDINGS
	1/0				,,	PERF	ORMED?	AM	AILABLE PRIOR TO MPLETION OF CAUSE
						'   TES	2 NO		DEATH?
								1 1 (	VES 2 D NO
Σ						-		1 (	YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSTRIAL.			8. PLACE OF DEATH (C	neck only one)		1 (	YES 2 NO
	EXAMINER?	HOSPITAL:	outpations 3 X00/	OTHER:	8. PLACE OF DEATH (C)			1 (	YES 2 NO
THE STORY. III	EXAMINER?		lY 28b.	OTHER: 4 Nursing TIME OF 28c			V INJURY OCCUI		YES 2 NO
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Dispetient 2 ER/O	IY 28b.	OTHER: 4   Nursing TIME OF   28c INJURY   1	Home 5 Residence INJURY AT WORK? YES 2 NO	6 Other (Specify)	et and Number or	RED	
	EXAMINER?  1 YES 2 No  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PNYSI	1 Propettent 2 ER/O 26a. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJU building, atc. (S)	IRY — At home, family pecify)	OTHER: 4   Nursing TIME OF INJURY M 1  m, street, factory,	Home 5 Residence INJURY AT WORK? YES 2 NO office	6 Other (Specify)  28d. DESCRIBE NOT  28f. LOCATION (Street, S	et and Number or te)	RED Rurel Route	e Number,
ELEC DI TITILIDIDINI, MI	EXAMINER?  1 YES 2  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not ba determined  4 Homicide 6 Could not ba determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	1 Propellent 2 ER/O 26a. DATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, stc. (S) CIAN: To the best of my kn	IRY — At home, family pecify)	OTHER: 4   Nursing TIME OF INJURY M 1  m, street, factory,	Home 5 Residence INJURY AT WORK? YES 2 NO office	6 Other (Specify)  28d. DESCRIBE NOT  28f. LOCATION (Street, S	et and Number or te)	RED Rurel Route	e Number,
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide  4 Homicide 6 Could not ba determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, atc. (S)	PRY — At home, fan pocify)  awledge, death occ tition and/or investig	OTHER: 4   Nursing TIME OF INJURY M 28c In, street, factory, urred at the time, atton, in my opinic	Home 5 Residence INJURY AT WORK? YES 2 NO office	6 Other (Specify)  28d. DESCRIBE NOT  28f. LOCATION (Stre City or Town, Stre  to the cause(a) and re time, data and place,	et and Number or te) nanner as stated, and due to the c	RED Rural Route	e Number,  id menner as stated.
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident 6 Could not be determined  4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	28e. DATE OF INJUR (Month, Day, Yea  28e. PLACE OF INJUR 28e. PLACE OF INJUR building, atc. (S)  CIAN: To the best of my kn R: On the basis of sxamina	PRY — At home, ferripocify)  DEATN (ITEM 27) (7)	OTHER: 4   Nursing TIME OF INJURY M 1 m, street, factory, urred at the time, ation, in my opinic	Home 5 Residence  INJURY AT WORK?  YES 2 NO  Office  data and place, and due on, death occured at the	6 Other (Specify)  28d. DESCRIBE NOT  28f. LOCATION (Stre City or Town, Str  to the cause(a) and re time, data and place,	et and Number or te) nanner as stated, and due to the c	RED Rural Route sause(s) an	e Number,  Id menner as stated.
TO BE COMPLETED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide  4 Homicide 6 Could not ba determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJUR (Month, Day, Yea  28e. PLACE OF INJUR 28e. PLACE OF INJUR building, atc. (S)  CIAN: To the best of my kn R: On the basis of sxamina	DEATN (ITEM 27)	OTHER: 4   Nursing TIME OF INJURY M 1 m, street, factory, urred at the time, ation, in my opinic	Home 5 Residence  INJURY AT WORK?  YES 2 NO  Office  data and place, and due on, death occured at the	6 Other (Specify)  28d. DESCRIBE NOT  28f. LOCATION (Stre City or Town, Str  to the cause(a) and re time, data and place,	et and Number or te) nanner as stated, and due to the c	RED Rural Route sause(s) an	e Number,  Id menner as stated.

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BALTIMORE, MARKLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

y physician. E burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY EIN	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
- C	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be enacted for as the burial-to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be amount in the as the burial-tr
or death. Page 6 may be retained by the parent or attending physicia	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by 🐃 pages attending physicia
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Shock, or heert fellure. List only one gause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24b. WERE AUTOPSY PERFORMED?  AMALABLE P  AMALABLE P	835
A SOCIAL PROPERTY MANAGE AS SEX LA ACCOUNT OF CASH TO THAN A STANDARD AS A SOCIAL PROPERTY AND ASSOCIATION ASSOCIATION ASS	अप्रिक
TARRET VAME IT OF DEPTIMENT OF STREET AND ADDRESS. STREET AND ADDR	ZA H
TRANSPORT NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATE THE NAME (PICK MOSS, MASSES STATEM)  TO STATEM THE NAME (PICK MOSS, MAS	e or Foreign
SO STREET AND NUMBER  6175 Taneytown Pike  12 Was december of the property of	
SO STREET AND NUMBER  6175 Taneytown Pike  12 Was december of the property of	
SO STREET AND NUMBER  6175 Taney town Pike  12 WAS DECEMPENT OF HEAD TO BY THE NUS ANABOD  13 WAS DECEMPENT OF HEAD TO	37
September   Diversion   If YES, GIVE WAN OR DATES   1   Green   September   Se	
September   Diversion   If YES, GIVE WAN OR DATES   1   Green   September   Se	
Sequentiality list conditions, Heavilland County (Part Land)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality list conditions, Heavilland County County (Part)   Sequentiality list conditions, Heavilland County (Part)   Sequentiality (Part)   Sequentiality (Part)   Sequentiality (Part)   Sequentiality (Part)   Sequentiality (Part)   Seq	
WILTUTE BOTGMANN SY,  THE INCOMENT'S NAME (Type*Prior)  THE MAILING ADDRESS (Street and Number or Pural Flow) Annies, City or Num. State, 2D Code  THE NEORMAN'S NAME (Type*Prior)  THE MAILING ADDRESS (Street and Number or Pural Flow) Annies, City or Num. State, 2D Code  THE NEORMAN'S NAME (Type*Prior)  THE MAILING ADDRESS (Street and Number or Pural Flow) Annies, City or Num. State, 2D Consistency  THE MAILING ADDRESS (STREET and Number or Pural Flow) Annies, City or Num. State, 2D Code  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NAM	3
WILTUTE BOTGMANN SY,  THE INCOMENT'S NAME (Type*Prior)  THE MAILING ADDRESS (Street and Number or Pural Flow) Annies, City or Num. State, 2D Code  THE NEORMAN'S NAME (Type*Prior)  THE MAILING ADDRESS (Street and Number or Pural Flow) Annies, City or Num. State, 2D Code  THE NEORMAN'S NAME (Type*Prior)  THE MAILING ADDRESS (Street and Number or Pural Flow) Annies, City or Num. State, 2D Consistency  THE MAILING ADDRESS (STREET and Number or Pural Flow) Annies, City or Num. State, 2D Code  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NEORMAN'S NAME (Type*Prior)  THE NAM	
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No.   Notice (Properties)   No.	
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To constant a continue of Funeral Service Licensee   To complications that could be considered by the conditions of the country of glues of glues of the country of glues of gl	MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ROBERT K. Pritts Sr. 412 Washington Rd. Westminster  22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel  A 12 Washington Rd. Westminster  A 12 Washington Rd. Westminster  A 12 Washington Rd. Westminster  A 12 Washington Rd. Westminster  A 12 Washington Rd. Westminster  A 12 Washington Rd. Westminster  A 12 Washington Rd. Westminster  A 13 Westminster  A 14 Washington Rd. Westminster  A 15 Washington Rd. Westminster  A 15 Washington Rd. Westminster  A 16 Westminster  A 17 Westminster  A 18 Westminster  A 18 Westminster  A 18 Westminster  A 18 Westminster  A 18 Westminster  A 18 Westminster  A 18 Westminster  A 18 Westminster  A 18 Westminster  A 28 West	
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23. PART I. Enter the diseases, or complications, that caused the death. Do not enter the mode of dying, such as captiled or respiratory arrest, about, or heart fellure. List only only dying as on each line.  IMMEDIATE CAUSE (Final disease or condition)  The part is any, leading to immediate cause. Enter UNDERLYING CAUSE (Classes)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  That initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  That initiated events  resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  That initiated events  resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  That initiated events  That is any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  That is any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  That is any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  That is any, leading to immediate cause. Enter UNDERLYING  That is any, leading to immediate cause. Enter UNDERLYING  That is any, leading to immediate cause. Enter UNDERLYING  That is any, leading to immediate cause. The immediate cause is any leading to immediate in injury that initiated events  That is any, leading to immediate cause. The immediate cause is any leading to immediate in injury that initiated events  The injury that is a could not be delarmined as injury to immediate any leading and manner as stated.  The injury of the injury that is the cause of any provincing, death occurred at the time, date and place, and due to the cause of any unanter of the immediate and place, and due to the cause of any unanter of the immediate and place, and due to the cause of any unanter of the immediate and place, and due to the cause of any unanter of the immediate and place, and due to the cause of any unanter of the immediate and place, and due to the cause of any unanter of the immediate	
MANEDIATE CAUSE (Final disease or condition resulting in death)   Due TO (OR AS A CONSEQUENCE OF):	r. MD
DUE TO (OR AS A CONSEQUENCE OF):    Sequentially list conditions,	roximate val Between et and Death
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 100  1 YES 2 100  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 In Inspirit 2 Environment 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 DATE OF INJURY AT MORRY AT WORKY 1 YES 2 NO  28b. DATE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. PLACE OF INJURY AT MORRY 1 YES 2 NO  28b. CERTIFYING PRYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CHILIFED AND PRESIDENCE AND PROPERTY OF THE SIGNED AND PROPERTY OF THE S	
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2   Accident   Investigation   2   Accident   2   MO   2   MO   2   Mo   2	N OF CAUSE
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2   Accident   Investigation   2   Accident   2   MO   2   MO   2   Mo   2	7
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31. DATE FILEO (Month, Day, Year) 22, HEQUITRAN'S SIGNATURE	/
31. DATE FILEO (Month). Dpy, War)  32. HEGISTRAR'S SHONATURE  Julia Maridan Andree	

Text.

The internation physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should any injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL REPORDS, P.O. BOX 68760,	9H	PHO IN	ten
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The Investment for the death certificate be executed within	TO THE FUNERAL DIRECTOR: After the centrolleanness here come the attending physician and completely be filed within 72 hours after death with the State build crema.	IMPORTANT: If Item 28 is marked, or liem 23 anoths any injury, or other traumatic event,
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"TUN" 2" 2" 1993"

	1 - FOR STATE OF MAR'	YLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE 9	3 20836
	1. DECEDENT'S NAME (First, Middle, Last) Bertha	Thomas  E (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS.  AND WONTHS DAYS HOURS MIN.	2. DATE OF DEATH MONTH JUNE 18 19  7. DATE OF BIRTH (Month, Day, Year)  8.	3. TIME OF DEATH 7:10 A M BIRTHPLACE (State or Foreign
DIRECTOR	Se. FACILITY NAME (if not institution, give street and number)  Memorial Hospit RESIDENCE OF DECEDENT		EATH 9c. COUNTY	of DEATH
	10a. STATE 10b. COUNTY TALBOT	Bellyue		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	5648 Gate St  11. MARITAL STATUS  12. WAS DECEDENT EVE	101. ZIP CODE  2/6/6	2 4	S /
В	1 Never Married 2 Married FORCES? 1 Y I IF YES, GIVE WAR OF	S 2 NO If yes, specify Cuban, Mexic	an, Puerto Rican, etc.)	. RACE — American Indian, Black, Whita, atc. Specify: BCK
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cotlege (1-4 or 5+)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)  DOME STEE  EMELLICATION  OF THE PROPERTY OF THE PRO	166. KIND OF BUSINESS/INDUS	TRY L
BE CO	17. FATHER'S NAME (First, Middle, Lest)  KOBERT  190. INFORMANT'S NAME (TYDE/PINI)	16. MOTHER'S N	the Cooper	<u>_</u>
5	Eric Thomas	19b. MAILING ADDRESS (Street and Number or Pural) 5048 Gatte St	Aguno Nymbor, City or Town, Stand Zio Co Belluce, MD	21662
	A Miles and a Miles and a City	120. PLACE AND DATE OF DISPOSITION (Name of perfeter), cremetory or other piece)  122. NAME AND ADDRESS OF F	OATE 200 LOCATION - CHY	or Town, Stata
_	Fusell U. Jook	S 1975 1574	ella I - Sil	is, MI)
	23. PART I. Enter the diseases, or complications that cause and a condition that cause or immediate Cause (Final disease or condition resulting in death)	and the death. Do not enter the mode of dying, such and the death line.  A CONSEQUENCE OF):	h aa cerdiac or reapiratory arrest	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEQUENCE OF): S A CONSEQUENCE OF):		
MEDICAL	PART II. Other aignificant conditions contributing to death	but not resulting in the underlying ceuse given in	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	28. PLACE OF OEATH (C)  OTHER:  utpatient 3 □ DOA 4 □ Nursing Home 5 □ Residence		
ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year  2 Accident Investigation	Y 286 TIME OF 28c INJURY AT	28d. OEŞCRIBE HOW INJURY OCCUR	ED
	3 Suicide 8 Could not be determined 28e. PLACE OF INJU	RY — At home, term, street, tectory, office occily)	281. LOCATION (Street and Number or F City or Town, State)	Rural Route Number,
COMPLETED		owledge, death occurred at the time, data and placa, and dur tion and/or investigation, in my opinion, death occured at the		suse(s) and manner as stated.
BE C	296. SIGNATURE AND THE OF CENTIFIER	29G, LICENSE NU	MBER 29d. DATE SI	GNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c LICENSE NUMBER

29d. DATE SIGNED (Month, Day,

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E	3 2003
	1. DECEDENT'S NAME (First, Middle, Leel) VARY THR	OUGH THOMA			2. DATE OF DEATH MONTH DAY June 20,	Y 1 9 9 YEAR	3. TIME OF DEATH 6:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	in yrs. last birthday)	UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	355-38-0634	1□M2XF 81	YRS. MO	THE DAYS HOURS MIN.	(Month, Day, Year) May 23, 19	Cou	ryland
	Se. FACILITY NAME (If not institution, give str	reet and number)	9b.	CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	205 West Chew A	Avenue		St. Michaels		Talbot	
<u> </u>	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY		10c. CITY. TO	OWN OR LOCATION			10d. INSIDE CITY
E E	Maryland Talbo	ot		lichaels			LIMITS?
AL	10e. STREET AND NUMBER		1000	101. ZIP CODE	1	10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	205 West Chev	v Avenue		21663		USA	
2	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	IIC DRIGIN? (Specify Yes	or No.— 14. B4	ICE — American Indian, sck, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR DR DA	NTES	1 TES 2 ND Specify			white
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUS		
COMPLETED	(Specify only highest grade ( Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during most of working ired.)			
₩ ₩	12	2	Librari	an			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Meiden S	Surname)	
8	Earle Throug	<u>h</u>		Ruth Bo	ver Stubbs		
일	Elizabeth H. Po	al I alz		PRESS (Street end Number or Rural F			
	20e. METHOD OF DISPOSITION	20h	PLACEAND DATE OF DI	ev Drive. Anna		Vland ATION — City or	
	1  Buriel 2 □ Cremetion 3 □ Remo 4  Donation 5 □ Other (Specify)	val from State cem	ivet Ceme	olace)	28/93 St.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	THE CALLS	22. NAME AND ADDRESS OF FA	CILITY		
	Davison &	Longe	,	Harrison E. L	eonard Fune	eral HO	ne
	23. PART I. Enter the diseases, or co	ompilications that caused	the death. Do not e	312 S. Talbot onter the mode of dying, auci	ST ST W	atory arrest,	Md 21663 Approximate
	shock, or heart feliure. L IMMEDIATE CAUSE (Final Issees or condition	let only one cause on ea	le h	Jun K	enela	1	Interval Between Onset and Death
U	resulting in death)	DUE TO/OR AS A	ONNEQUENCE OF:	Day 1	cay 10	1 1/	1 any
20	Sequentially list conditions,	Nimbel	eath	(arallo	Verell	1/2 the	- Clas
CERTIFICATION	if why, leading to immediate cause. Enter UNDERLYING	SUE TO (OR AS A	CONSEQUENCE OF):				///
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)				
H	resulting in death) LAST						
	PART II. Other significant conditions	contribution to death h	ut not resulting in th	a unfarition amos abus in	Boot Law was and	T.	
CAL	Atalina	and the state of	As at	e diderlying cause given in	PERFORM	EO?	No. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
IEDIC	1000	1000 g	1	The state of the s	1 - YES 2	NO	OF DEATH?
2	(090)				-   '	`	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (Che	ick only one)		
/SI	a strain comment of the strain	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Output		HER: Nursing Home 5 Residence	6 Other (Specify)		
H	27. MANNER OF DEXTH  1 Nature 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HDW IN	JURY OCCURED	
B	2 Accident Investigation	0.0000000000000000000000000000000000000	nemen.	M 1 YES 2 NO			
8	3 Suicide & Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street fy/	, factory, office	281. LOCATION (Street en City or Town, State)	nd Number or Rura	l Route Number,
	29A. CERTIFIER . N						
COMPLET				the time, data and piece, and due my opinion, death occured at the			,
	296 SICALAFURE AND TITLE OF CENTIFIER	771 .	A service investigation, sit				
BE	18 Millely	4 alt. 2	1 1/	29c. LICENSE NUM	D C	29d. DATE SIGNI	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print	1/// 20	/ //	· U	
	R. LANE WROTH	M.D. 800	S. TALBOT		AELS, MARY	ZLAND S	21663
	31. 9TUN 2055. 1993	32. REGISTRAR'S SIGN	TURE CHILL				

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BARRY WOHL
31. DATE FILED (MONTH, Day, Ybar)
JUL 06 '93

Achia Davidson

	FOR STATE REGISTRAR		STATE OF I	MARYLAI		PARTMEN TIFICAT					YGIENI EG. NO.	E 3	3	20838	1
7	1. DECEDENT'S NAME (First,	, Middle, Lest)								2. DATE OF	DEATH			3. TIME OF DEATH	
1 3	Orlie Eliz	abeth	Tarring							July	2	2 1	993		M
	4. SOCIAL SECURITY NUMB	DER	5. SEX	6. AGE (In	yrs. last birth	hday) IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	иятн		s. BIRTI	HPLACE (State or Foreign	n
	218-46-357	0	1 🗌 M 2 🔀 F	8	36 Y	RS. MONTHS	DAYS	HOURS	MIN.	(Month, Di	6706	,	Penr	nsylvania	
	9a. FACILITY NAME (If not in	stitution, give s	reet and number)	_		96, CIT	ry, town	OR LOCATI	ON OF DE			_	NTY OF		
DIRECTOR	807 Maryla		nue			Ha	vre d	de Gr	race			На	rfor	rd	
딦	RESIDENCE OF DEC	10b. COUNTY			100	c. CITY, TOWN	OR LOCA	TION						Land more over	
	Maryland	Har	ford			Havr			<b>'</b>					10d. INSIDE CITY LIMITS?	
	10a. STREET AND NUMBER	TICLE	TOTA			Havi	_	. ZIP COD				10a, CIT	IZEN OF	1X YES 2 NO	
FUNERAL	807 Maryla	nd Ave	nue				100	2107	78			2.2	.S.A		
5	11. MARITAL STATUS		12. WAS DECEDEN			13	. WAS DEC	ENDENT (	OF HISPAN	HC ORIGIN? (S	pecify Yes		14. RAC	E American Indian,	
BY F	1 Never Married 2 3 Wildowed 4 Divo		FORCES? 1					ecify Cubi		n, Puerto Rica:	i, etc.)		Spec	ik, White, etc.	
														White	
TED	(Specify only	EDENT'S EDUC y highest grade	CATION completed)	'	(Give kin	ENT'S USUAL of of work done NOT use retired.	e durina ma		ng	16b. KJA	D OF BUS	INESS/ING			
"	Elementary/Secondary (0	1-12)	College (1-4 or 5-		Nurse		,			Ho	spit	al			
COMPLET	17. FATHER'S NAME (First, Mi	iddle (ast)			TIUL DC			10 MOT	UED'O MA	ME (First, Midd			-		_
Ö	Earle C. C							16. MOI		ie V.					
00	19a. INFORMANT'S NAME (7)				19b. MA	JUNO ADDRES	SS (Street a	and Number		Toute Number, (	-		Codel		
임	Mrs. Jenni		n von Mu	ehlen										MD 21078	
	20a. METHOD OF DISPOSITI  12 Burlal 2 Crematio  4 Donation 5 Other	n 3 🗆 Reme	oval from State	comete	EACE AND D	TATE OF OISPO	osition (Ne	ame of		7/5				own, State Maryland	
1 1	21. SIGNATURE OF FUNERAL		ENSEE	T DP	Couci	22	. NAME A	ND ADDRE		CILITY				-	
	Mary	1	oilli	VOW	·		Tarr: Abero	ing-C deen,	Cargo Mar	Funer yland	al H 210	lome, 101-3	P. <i>P</i>	1.	
	23. PART I. Enter the di shock, or he	eases, or c	omplications the	t caused t	he death.	Do not ente	r the mo	de of dy	ing, suct	n as cardiac	or respi	ratory an	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Fin		~							111				Onset and De	
	disease or condition	<b>→</b> ,	<i>CF</i>			UM	RNC	ш	1	M	11			mour	5
			DUE TO	(OR AS A C	ONSEQUEN	ICE OF):	Cll	0.77	1- /	0	110	1	001	14/100	A
8 0	Sequentially list conditi	ions,	XX	2 SURIO - (Schetter Cardlonyworth Vea.											
AT		Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):										794	OW	y you	
S cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE)										auc	<u> </u>	24	SOU	Jacob Vaca	,
윤	CAUSE (Disease or inju- that initiated events	NG	OUE TO	DIFF	ONSEQUEN	CE OF):	AS	CV	n (	auc		74	SOU	Year	,
ERTIFIC		ng ry		DIFF	ONSEQUEN	CE OF):	AS	CV	n (	aic		74	SOO	Year	,
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LC	that initiated events	ng ry	DUE TO	OR AS A C	ONSEQUENCE ONSEQUENCE not result	CE OF):	AS	CV	D given in		. WAS AN PERFOR	MED?	246	AMALABLE PRIOR TO	
LC	that initiated events resulting in death) LAS	ng ry	DUE TO	OR AS A C	ONSEQUEN	CE OF):	AS	CV	D given in I			MED?	24b		
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	REGISTRAR						DEATH AND	MENTAL HYGIE REG. N	Mr.	0 2	0839	A
	1. OECEDENT'S NAME (First, Middle, Last)  Gloria Jean Thompson							2. DATE OF DEATH MONTH	DAY	YEAR	TIME OF OEATH	A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	_	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3	9.3	ICE (State or Foreign	M
,	220 40 9644	1 □ M 2 🎇 F	47	YRS.	MONTHS	DAYS	HOURS MIN.	(Morith, Day, Year) 07-13-19	945	Country)	MD	
	9e. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										_	
CTOR	The Union Hospital of Elkton Elkton Cecil											
AL DIRECT	10e. STATE 10b. COUN	10c. CIT	Y, TOWH O	TOWH OR LOCATION 10c					I, INSIDE CITY LIMITS?			
٦	MD  100. STREET AND NUMBER				-	Elkton 1 N 100 CITIZEN OF WHAT CO						
ERAL	111 Courtney	Drive				101	219	2.1	10g. CITIZ	USA		
FUNER	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. AR	MED	13. V	WAS DEC	ENDENT OF HISPAI	VIC ORIGIN? (Specify Y	ee or No—	14. RACE —	American Indian.	
B¥	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		10			2 NO Specif	n, Puerto Rican, etc.)		Black, W Specify:		
03	15. DECEDENT'S ED		16a. DE	CEOENT'S	USUAL OC	CUPATIO	ON	16b. KINO OF B	USINESS/INDU	ISTRY	White	_
ᄪ	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+	Alden .	Do NOT us	vork done d e retired.)	uring mo	ast of working					
once.	10			Но	mem	ake:	r		90			
400	17. FATHER'S NAME (First, Middle, Last) Harold M.	Runkow						ME (First, Middle, Meide	,			
2 0	190. INFORMANT'S NAME (Type/Print)	Durkey	191	. MAILING	ADDRESS	(Street e		Gloria France Route Number, City or To			k	_
TO TO	Mr. Bobby Joe T	Chompson					Dr., El					
must b	20a, METHOD OF DISPOSITION 1 1 Buriel 2 □ Cremation 3 □ Rer	moval from State	20b. PLACE	NODATEC	DE DISPOSI	TION /Na	ame of	DATE 20c I	OCATION — C	tty or Town,	State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Moun	tain			n. Garns		kins,	WV		
examiner	22. NAME AND ADDRESS OF FACILITY  Mitchell-Smith Funeral Home, P.A.  Havre de Grace, MD 21078-3197											
event, the medical	23. PART I. Enter the disease, or shock, pr heert fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceur	se on eech line	•		the mo	de of dying, suc	h aa cardiec or rea	piretory arre	eat,	Approximate intervel Betwe Onset and Dec	
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. AUCO FOUL WER SISMASE  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):											
쿻니	PART II. Other algolificant condition	ns contributing to	deeth but not r	esulting i	n the unc	deriying	g cause given in		PAMED?	COL	RE AUTOPSY FINDING REABLE PRIOR TO MPLETION OF CAUSE DEATH?	as
EDIC	II.							4	( -	1.5	YES 2 NO	
S shows any N. MEDICA								<b>-</b>		1	1 1E9 2   NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL					ACE OF DEATH (Ch	eck only one)			, 129 2 NO	
	EXAMINER?	1 (3	ER/Outpatient 3			: ing Hom	e 5 🗆 Residence	sck only one) 6  Other (Specify)			123 2 100	
marked, or item 23 s BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY by, Year)	26b. TIME INJ	4 Nursi	: ing Home 26c. INJI WOI 1 Y	e 5 Residence URY AT RK7 /ES 2 NO		INJURY OCC		, res 2 , NO	
8 is marked, or item 23 s ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	28a. DATE OF (Month, Da	INJURY	26b. TIME INJ	4 Nursi	: ing Home 26c. INJI WOI 1 Y	e 5 Residence URY AT RK7 /ES 2 NO	6 Cher (Specify)	and Number of	JRED		
em 28 is marked, or item 23 s LETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  4 Homicide determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28e. DATE OF (Month, Da 28e. PLACE OF building, statement of the best of the ER: On the best of extending the best of the best	INJURY ly, Year)  F INJURY — At horate. (Specify)	28b. TIME INJU	4 Nursi	eng Home 26c. INJU WO 1 Yery, office	e 5 Residence URY AT RK7 /ES 2 NO end place, end dua	6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(s) and m	and Number (	JRED  or Rural Route	Number,	
8 is marked, or item 23 s ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28e. DATE OF (Month, Da 28e. PLACE OF building, a 28e. PLACE OF building, a 28e. On the best of a 28e. On the best of a 28e. On the best of a 28e. On the best of a 28e. On the best of a 28e. On the best of a 28e. On the best of a 28e.	INJURY ny, Year)  FINJURY — At horatc. (Specify)  my knowledge, decamination and/or i	28b. TiMt INJI me, farm, s ath occurre	4 Nursi	eng Home 26c. INJU WO 1 Yery, office	e 5 Residence URY AT RK7 /ES 2 NO end place, end dua	6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(s) and mutime, date end place, a	and Number of	JRED  or Rural Route  d.  cause(e) end	Number, If menner es stated.	
PORTANT: If item 28 is marked, or item 23 si BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	28e. PLACE OF building, and the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER. On the best of the BER.	INJURY ny, Year)  F INJURY — At hose atc. (Specify)  my knowledge, des amination and/or i	20b. Time in Jime, farm, set occurre investigation 27) (Type,	4 Nursi	: ing Home 26c. INJI WO 1 Very, office ne, date	e 5 Residence URY AT RK7 /ES 2 NO end place, end dua eath occured at the 29c. LICENSE NUM D 4410/	6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(s) and mutime, date end place, a	and Number of	JRED  d. cause(e) end SIGNED (Moo)	Number, If menner es stated.	

		1 - FOR STATE REGISTRAR		STATE OF MARYL	AND / (	DEPARTM	ENT OF H	HEALTH AND DEATH	MENTA	L HYGIEN			20040
		1. DECEDENT'S NAME (First, Mid	dle, Last)							E OF DEATH	-	3	TIME OF DEATH
		Jonas	Vait	kus					Jun			9 3	1:45 A. M
		4. SOCIAL SECURITY NUMBER			(In yrs. lest I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH th, Day, Year)		BURTHOL	ACE (State or Foreign
P	3	021-30-7002			8	YRS.	THS DAYS	HOURS MIN.	Oct	. 18,	1924	Vest	jthuania <b>Virginia</b>
3 should	æ	9a. FACILITY NAME (If not institut						OR LOCATION OF C			9c. COUNT	Y OF DEA	гн
2,	СТОВ	4921 78th A		le			Hyatt	sville	, MD		Prin	ice	Georges
Pages	111		. COUNTY			10c. CITY, TO	WN OR LOCAT	TION			<del></del>	10	Dd. INSIDE CITY
jë.	DIR.		rinc	e Georges		Hyat	tsvi	lle, MD	)			1	YES 2 NO
it permit.	FUNERAL	10e. STREET AND NUMBER						. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?
020 physician. burial-transit	N.	4921 78th A	venu	C. WAS DECEDENT EVER II	NIIC ADM	ED.		20784			LU.S		
020 physic burial		1 Never Married 2 Marr	ried	FORCES? 1 YES	2 X NO	-	It yes, sp	ecify Cuban, Maxic 2 NO Speci	an, Puerto	Rican, etc.)	s or No—	Black, V	- Americen Indian, Vhite, etc.
215-0020 attending physician. se as the burial-tran	BY	3 Widowed 4 Divorced	ž				1 1 123	2 Mu spec	ry.			Specify (	Cauc.
5	TED	15. DECEDEI (Specify only high	NT'S EDUCA hest grade co	TION empleted)	(Give	kind of work	AL OCCUPATIO			b. KIND OF BU			
	COMPLET	Elementary/Secondary (0-12)		College (1-4 or 5+)		o NOT use reti	,		U				on Agency
The hospital detached for the force.	OMI	1.2 17. FATHER'S NAME (First, Middle,	Last)	4	Rad	io Pr	oduce	16. MOTHER'S N	AME (First			Ame	erica)
YLA by the be det	E C	Jon	as V	aitkevici	us			Zuzana				kie	ne
ARY ained by about b	0	19a. INFORMANT'S NAME (Type/F				MAILINO ADD	RESS (Street a	and Number or Rural	_				
N 5 5 6	۱۲	Maria K. Va	itku	S	T.			e., Hy					784
H E		20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3	□ Remov	et from State 20h	. PLACE AN		SPOSITION /Na		OAT	TE 20c. LO	CATION CH	y or Town	, State
MOB Greetor,		4 Donation 5 Other (Spe	clfy)	2	ate o	of He	aven		69	6 Si	lver	Spr	ing, MD
		21. SIGNATURE OF FUNDMAL SE	RVICE LICEN	ISEE	1.			on/Hale					
BAL hir death the funds half.		" Will	un	Xen	1		9013	Annano	lis	Road	Lanh	am	MD 20706
urs at in by r remo		23. PART i. Phter the disees ehock, or heart	sea, or con feliure. Lis	mplications that cause at only one ceuse on e	d the deet ach line.	h. Do not e	nter the mo	de of dying, au	ch aa cer	diac or reep	ratory arres	it,	Approximata interval Batween
24 Page 18 Pag		IMMEDIATE CAUSE (Final disease or condition		Ď.	1		^						Onset end Death
office of the contract of the		resulting in death)	е.	HOUTE DUE TO (OR AS A			111						6MONTHS
68760, recuted with not complete burtal, crem attic event	_						1/ 110	T					IMONTH
5 M - #	ERTIFICATION	Sequentially lifet conditional if any, leading to immediate		DUE TO (OR AS A									THUNTH
BOX cate be hysician e prior	CA											IMONTH	
O pring b		that initiated events resulting in death) LAST		IRON									2
O # 8 - 0	CER		d.	IKON	OVE	RLO	HU						BYEARS.
RDS, at the dea by the att and Menta y injury,	- 1	PART II. Other aignificant co	onditiona	contributing to death b	ut not rea	uiting in th	a underlying	g cause given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
- m - m >	MEDICAL	+NTERST1	TIA	L FIBR	2051	5 01	- THE	LUNG	55	1 TYES 2		CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
RECO requires th seen signed of Health shows an													YES 2 NO
AL RECOF he law requires tha has been signed I bept. of Health a	AN	25. WAS CASE REFERRED TO ME	. Т										
DIVISION OF VITAL RECO OR ATTENDING PHYSICIAN: The law requires th DIRECTION: After this certificate has been signed four are death with the State Dept. of Health Illem 28 is marked, or Item 23 shows an	SICIAN:	EXAMINER?	1	OSPITAL:	5328		HER:	ACE OF DEATH (C)					
SICIAN Certiff the	PHYS	27. MANNER OF DEATH	1	28a. DATE OF INJURY		28b. TIME OF	Nursing Hom-	e 5 🗷 Residence	1	SCRIBE HOW I	N ILIBY OCCU	DED	
NG PHYS fer this eath with	ВУ Р	1 Natural 5 Pend	ing tigation	(Month, Day, Year)		INJURY	WO	RK7 YES 2 NO				120	
MISION OF VITALIBLE AFTER THE SET OF THE SET		2 Accident trives 3 Suicide 6 Could		28s. PLACE OF INJURY building, etc. (Spec	— At home	, term, street	, factory, office		281. LOC	ATION (Street	and Number or	Rural Rout	e Number.
OIVISION OR ATTEN DIRECTOR: Nours after Item 28 I		4 Homicide detar	mined	banding, att. (Open	<b>y</b>				City	or Town, State)			
THE FUNERAL DIR THE FUNERAL DIR THE WITH 72 hour	COMPLETE	29a. CERTIFIER (Check only	G PHYSICIA	N: To the best of my know	ledge, death	occurred at	the time, date	and place, and due	to the ce	use(a) and mar	ner sa stated.		
HISPITAL RUNERAL WEEN 72	OM			On the basis of examination									nd manner as stated.
TO THE FUNESTONE SHEET WITHIN	BE C	296. SIGNATURE AND TITLE OF	ERTIFIER	8 4		-		29c. LICENSE NU		_	29d. DATE S	IGNEO (M	onth, Day, Year)
E E S M	5 B	Kobet J.	aro	bron M.				D 19	88	7	▶6-		
	-	30. NAME AND ADDRESS OF PER	SON WHO	COBSON	ATH (ITEM :	27) (Type, Print	0	ERVOIR	2 8	D N	W. L.	1000	DC
		ROBERT ).	JH.				N ES	ENVOIR		27,11	- W	7317	20007
		.11No 1 1000	9	32. REGISTRAR'S SIGN.	ATUNE								

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e retained by the hospital or attending physici	use is build be detached for use as the burial-	te-motified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part is many a red from the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral condort purple is build be detached for use as the burial-tribe filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be other at once.
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	1 - STATE OF MAR		RTMENT OF H		MENTAL HYGIEN REG. NO.	E 93	3 20841				
	1. DECEDENT'S NAME (First, Middle, Lest) LEONILA R VILLA				2. DATE OF DEATH MONTH DI JUNE 19.	1993 YE	3: 39 p. m. M				
	<b>230</b> -23-9550 1 □ M 2 🔀 F	AGE (In yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 15,1		HIRTHPLACE (State or Foreign Country)				
TOR	9a. FACILITY NAME (If not institution, give street and number)  DOCTORS COMMUNITY HOSPIT: RESIDENCE OF DECEMENT	AL		SEABROO		PRINCE	OF OEATH E GEORGE'S CO.				
DIRECTOR	10e. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION									
FUNERAL	9113 Mchenry Lane		101.	ZIP CODE 20706		10g. CITIZEN (Phill	of what country? ipines				
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR OF	YES 2 NO	If yes, spe	ENDENT OF HISPAN actify Cuben, Mexicar 2 XNO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No — 14. F	RACE — American Indian, Black, White, etc. Specify: Phillipino				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  9	16a. OECEDENT'S (Give kind of life. Do NOT us HOMEMA)		N st of working	16b. KIND OF BUS	BINESS/INDUSTF	₹Y				
BE CO	17. FATHER'S NAME (First, Middle, Last) Domingo Ramos			16. MOTHER'S NAM Maria	ME (First, Middle, Maiden Gregorio	Surname)					
2	196. INFORMANT'S NAME (Type/Print) Clarita Graves  19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) 1766 Lang Pl. NE Washington , D.C. 20002										
	20e. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremajory or other place) Fort Lincoln Cemetery 6/23/93 Brentwood, MD										
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	al L	9013 4	ипаротть	s Ru., Laini	ann, Mid	neral Home 20706				
	23. PART i Enter the diseases, or complications that co- shock, or heart feiture. Liet only one ceuse of iMMEDIATE CAUSE (Finel disease or condition resulting in death)	UTB A	140CA	LDIAZ	INFA		Approximata intervel Between Onset and Death				
NOI	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):  CAPDIOGIET NICE SITORY  BUILT TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  C. DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST  J. A. D. A. B.E.T.E.S. MELLEL TUS  PART II. Other eignificent conditions contribution to death but not resulting in the second sec										
N: MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO HOSPITAL: 1 patient 2 ER/	/Outpatient 3 DOA	OTHER:	ACE OF DEATH (Che							
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Dey, Ye) 2 Accident Investigation		IE OF 28c. INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED	0				
	3 Suicide 6 Could not be determined 28s. PLACE OF IND building, etc. (	JURY — At home, farm, s (Specify)	street, factory, office		28f. LOCATION (Street a. City or Town, State)	nd Number or Ru	val Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my king one) 2 MEDICAL EXAMINER: On the best of examine						se(a) and manner as stated.				
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	0 4 3		29c. LICENSE NUMI	BER	29d. DATE SIGN	NED (Month, Day, Year)				

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

2075

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)



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DIVISION OF VITAL RECORDS, P	,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part is may be retreated for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	16	3 20842
1. DECEDENT'S NAME (First, Middle, Lest)  ELMER 1					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) #	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		3 10:25 a M BIRTNPLACE (State or Foreign
214-05-8353		YRS.	DAYS DAYS	HOURS MIN.	(Month, Day, Year) MARCH 31	1911 1	MARYLAND
90. FACILITY NAME (If not institution, give : MEMORIAL HOSPITA		91		R LOCATION OF DE		9c. COUNTY	
RESIDENCE OF DECEDENT			COMRE	RLAND, MD		ALL.	EGANY
MARYLAND 106. CRUNT							10d. INSIDE CITY LIMITS?  1 YES 2 NO
100. STREET AND NUMBER 549 FAIRVIEW AVE.			101	21502			S.A.
11. MARITAL STATUS	12. WAS OECEDENT EVER IN FORCES? 1 YES	N U.S. ARMEO	13. WAS DEC	ENDENT OF NISPANI	C ORIGIN? (Specify Ye	s or No — 14	. RACE — American Indian,
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES		2 NO Specify:			Specify: WHITE
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BU	ISINESS/INDUS	TRY
(Specify only highest grade	College (1-4 or 5+)	(Give kind of work life. Do NOT use n ROSENBA	etired.)		E DISPL	AY MAN	AGER
17. FATHER'S NAME (First, Middle, Last) JESSE E. WELSH				18. MOTHER'S NAM AMELTA	IE (First, Middle, Maider RTEHT.	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19h MAILING AD	INRESS (Street a		oute Number, City or Tox	Party 7/o Co	
JOHN F. CHISHOLM	JR	RFD# 3	BEDFOR	D ROAD C	UMBERLAND	, MARY	LAND 21502
20a, METNOD OF DISPOSITION  1 Burlel 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from Stata 20b	UNSET OF CEM	ETERY J	ULY 3 19	93 CUM		or Town, State  O, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LI	Ment		<sup>2</sup> MERR 404		FUNERAL STREET CU		ND, MARYLAND
23. PART i. Enter the diseases, or	complications that caused List only one cause on e	the death. Do not	entar tha mo	de of dying, auch	as cardiac or reap	iretory arrest	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Bladde		Cinco			Interval Between Onset and Death
	DUE TO (OR AS A	CONSEQUENCE OF):	1-				
Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS A	CONSEQUENCE OF):	uls				
cause. Enter UNDERLYING CAUSE (Disease or Injury	G	bur	met				
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	d						+
PART II. Other eignificant condition				cause given in F	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		USEPSI.			1 YES :	NO	OF OEATH?
					-		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Chec	sk only one)		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:  Nursing Nom	5 - Residence 6	Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	266. TIME OF	F 35c INJ		28d. OESCRIBE NOW	INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not be 4 Momicide determined	36e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree		in constantinación.	28f. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
Pin. CERTIFIER							
(Check only The CERTIFYING PHYSI	CIAN: To the best of my know R: On the basis of examination						suse(s) and manner as stated,
296. SIGNATURE AND TITLE OF GERTIFIES	the ten			29c. LICENSE NUMI		29d. DATE SI	GNED (Month). Day, Year)
30. NAME AND ADDRESS OF PERSON WIN						/	12
DR. VIK POONAI,	P. U. BUX 338		MU, PID	21501			<del></del>
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	ecute	oo pui	Dunial	
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1.	REGISTRAR  I. DECEDENT'S NAME (First,	, Middle, Lest)		1.1			- UI	DEATH	2. DAT	REG. NO	AY	YEAR	TIME OF DEATH
		937E										1993	320
	227-42-55	5. SEX	□ M 2 1 F 78 YRS.			DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mor	e OF BIRTH oth, Day, Year) V 4,1		Country)	BIRTHPLACE (State or Foreign Country) SA-Virginia	
	9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D							TY OF DEA	TH O				
_	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION												
V	irginia						hfield						LIMITS?  X YES 2 NO
	00. STREET AND NUMBER	5	T				100	I. ZIP CODE			10g. CITIZ		AT COUNTRY?
	1140 Lank	iora	T	T 51450 114 14				23430			<u> </u>	US.	
3	Never Married 2 X  Wildowed 4 Divo		FORCES? 1 IF YES, GIVE V	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TOO IF YES, GIVE WAR OR DATES			If yes, sp	ENDENT OF NISPA ecity Cuben, Mexic 2 X NO Speci	an, Puerto		s or No—	Black, V Specify:	- American Indian, White, etc. Black
	(Specify only	EDENT'S EDU y highest grade		16	6a. DECEDE	ENT'S USUAL ad of work don IOT use retired.	OCCUPATION OCCUPATION	ON ost of working	16	b. KIND OF BU	SINESS/INDU	ISTRY	
_    _	Elementary/Secondary (0	_	College (1-4 or 5	+)		emake				Self			
5 17	7. FATHER'S NAME (First, M							18. MOTHER'S N.					
k	Charlie		son							obins			
) II "	Willie Le		ains					ord Lar					22420
20	Oa. METHOD OF DISPOSIT	ION		20b. PL					-				
1	1   Burlel 2   Cremetton 3   Removed from State   Complete, Genetory of other place   Christian Home Cemetery, 6-93,   Smithfield, VA												
21	0.1			pg	17. FATHER'S NAME (First, Middle, Last) Charlie Robinson Nammie Robin 19a. INFORMANT'S NAME (TyperPrint) Willie Lee Wiggins 20a. METHOD OF DISPOSITION Burlai 2 Cremetton 3 M Removal from State Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MORTHURY, 4906 IVers								
	shock, or h	eert failure.	complications the List only one ceu	it caused thuse on each	he death. h line.				-				Approximate Interval Between
d d	shock, or himmediate cause (Fir disease or condition resulting in death)  Sequentially list condition and the condition of th	iona, diete	a. I SCHE DUE TO  MULTI DUE TO	MIC F (OR AS A CO	ENCE ONSEQUEN  STRO ONSEQUEN	PHALC CE OF): KES A	PATI	HY DEMENTI	ch as ca	d 207 rdlac or resp			Approximate Interval Between
d n	shock, or himmediate cause (Find disease or condition resulting in death)  Sequentially list condition and the condition are leading to immediate the cause. Enter UNDERLYI	iona, diete	a. ISCHE DUE TO  b. MULTI DUE TO  c. HYPER DUE TO	MIC F (OR AS A CO PIE S (OR AS A CO TENS)	ENCE ONSEQUEN STRO ONSEQUEN IVE ONSEQUEN	PHALC CE OF):  KES A CE OF):  CARDICE OF):	PATI	HY DEMENTI	ch as ca	d 207 rdlac or resp			Approximate Interval Between Onset and Death DAYS  Months  YEARS
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	shock, or himmediate cause (Findisease or condition resulting in death)  Sequentially list condition from the condition of th	iona, dilete ing iry	a. ISCHE DUE TO b. MULTI DUE TO c. HYPER  d. CHRON  a contributing to IZURE D	MIC I (OR AS A CO TENS) (OR AS A CO TENS) (OR AS A CO TENS) (OR AS A CO TENS)	ENCE ONSEQUEN STRO ONSEQUEN IVE ONSEQUEN ENAL not result DERS	PHALC CE OF):  KES A CE OF):  CARDI CE OF):  INSU	PATION ND INCOME.	HY DEMENTI SCULAR CIENCY g cause given in	A DIS	EASE	ALITOPSY	24b. W	Approximate interval Betweer Onset and Death DAYS  MONTHS  YEARS  VERRS  ERE AUTOPSY FINDINGS MILABLE PRIOR TO DOMPLETION OF CAUSE
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# d d n n n n n n n n n n n n n n n n n	shock, or himmediate cause (Fin disease or condition resulting in death)  Sequentially flat condition resulting in death)  Sequentially flat condition resulting in death)  Sequentially flat condition flat condition in death in the cause. Enter UNDERLY!  CAUSE (Disease or injurity in the cause. Enter UNDERLY!  CAUSE (Disease or injurity in death) LAS  PART II. Other signification in the cause of the cause	iona, diete ing iny T	a. ISCHE DUE TO b. MULTI DUE TO c. HYPER d. CHRON a contributing to IZURE D INFECT	MIC F (OR AS A CO PIE S (OR AS A CO TENSI (OR AS A CO TENSI TENSI TONS TENSI T	ENCE ONSEQUEN STRO ONSEQUEN IVE ONSEQUEN CENAL not result DE RS , SE	PHALC CE OF):  KES A CE OF):  CARDI CE OF):  INSU	PATION NO. 1 PFT ( Inderlyin No. 1 PFT ( Ind	HY DEMENTI SCULAR CIENCY g cause given in ENT ANEMIA	DIS  Part I.	EASE  24a. WAS AN PERFO	I AUTOPSY RMEDY	24b. W AN CC OI	Approximate Interval Betweer Onset and Death DAYS  MONTHS  YEARS  VERRS  ERE AUTOPSY FINDINGS MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH?
NOTICE TO THE PROPERTY OF THE	MMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injurtant initiated events resulting in death) LAS  PART II. Other signification in the cause of	iona, diete ing iry T DF SE	a. ISCHE DUE TO b. MULTI DUE TO c. HYPER DUE TO d. CHRON a contributing to IZURE D INFECT HOSPITAL: 1 V inpatient 2 28e. DATE OF (Month, D) 28e. PLACE C	MIC F (OR AS A CO PIE C (OR AS A CO TENS) (OR AS A CO TENS)  TENS	ENCE ONSEQUEN STRO ONSEQUEN ON	Do not enforce of the control of the	OVA: OVA: OVA: OVA: OVA: OVA: OVA: OVA:	HY  DEMENT I  SCULAR  CIENCY  g cause given in  ENT  ANEMIA  LACE DF DEATN (C	DIS  Part I.  6 Oth  286. De	EASE  24a. WAS AN PERFO	A AUTOPSY RMEO7 2 10 NO	24b. W AM OU 1	Approximate interval Between Onset and Death DAYS  MONTHS  YEARS  YEARS  ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
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permit. Pages 1, 2, 3 should detached for use as the burial-transit ne hospital or attending physician. MARYLAND 21215-0020 BALTIMORE after death. Page 6 may director, the funeral In by Pilled and completely fille burial, cremation, executed within 68760. DIVISION OF VITAL RECORDS, P.O. BOX 2 been signed by the attending physician and Health and Mental Hygiene prior to shows any Injury, or other traum requires that the death certificate be OR ATTENDING PHYSICIAN: The law has be Dept. certificate h the State I this c After t L DIRECTOR: A 2 hours after d f item 28 is TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 PM IMPORTANT: If It HOSPITAL

notified at must be examiner medicai the event, traumatic Injury, item marked, .00

93 20844 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH O O JOHN WILSON Sr a<sub>m</sub>. Thomas 8:51 4 SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) July 7, 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 X M 2 - F VRS 1920 219-05-7379 Baltimore Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CHEVERLY PRINCE GEORGES RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Upper Marlboro 1 TYES 2 XX FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 2109 Sansbury Road U.S.A. 20772 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rid 1 ☐ YES 2 💥 NO Specify: 1 Never Married 2 Married BΥ IF YES, GIVE WAR OR DATES 3 Widowed 4 X Divbroed Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Ret. Government N/A U.S. Government 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. Wilson BE Maude M. Fowler 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George W. Wilson Sligo Avenue Silver Spring Md 20910 808 20a. METHOD OF DISPOSITION

1) Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 5 Other (Specify) Oxford Cemetery 6 18 93 Oxford Penn. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory erreet, shock, or heert feliure. List only one ceuse on each line. Approximats Interval Batween **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition 29 au reculting in death) OUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINOINGS WARLABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 TYES 2 | ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) HOSPITAL:
1 | Inpatient 2XXXR/Outpatient 3 | DOA OTHER: 1 TYPES 2 - ND 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE DF INJURY (Month, Day, Year) 27. MANNER DF GEATH 28b. TIME OF INJURY 22554 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1 | | Hatural В 6-12-1993 1 - YES 2 NO PASSENGER IN AUTO/AUTO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 28f. LOCATION (Street and Number or Rural Route Number, IMPACT 8 Could not be 4 Homicide determined ON ROAD 1400 RITCHER MARLBORO ROAD 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. COMPL 2 XMEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGHATURE AND TITLE OF GENTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 29¢ LICENSE NUMBER ▶ 6-15-1993 O.C.M.E. 2 WHO COMPLETED CAUSE DF GEATH (ITEM 27) (Type, Print)

32. ABOUTHARS SIGNATURE Pandall

111 Penn Street, Baltimore, Maryland

31. DATE FILED (Month, Day, Year)

JUN 2 2 1993

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21201

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_		REGISTRAR			CERTIF	ICATE	OF	DEAT	Н	REG. N	0.				
		1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEA	ATH	-
		-1	Raymond Douglas W	oods							Inne 17	DAY	YEAR	6:50	PN	
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birthday)	IF UNDER	YEAR	IF UNDER		7. DATE OF BIRTH	1993	s. BIRTH	PLACE (State or		-
0/6			454-14-1615	1 💢 M 2 🗆 F		66 YRS.	MONTHS	DAYS	HOURS	MINL.	(Month, Day, Year) 01/25/19	27	Country	)		
should		į	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN 0	R LOCATIO	N OF DE		9c. COUN	TY OF DE	EATH		_
(1)		<u>ج</u> ا	Malcolm Grow USAF	Medical	Cen	iter	Andr	CATTE	AFB	MD						
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00 b 5 g d d		B	3 Widowed 4 Divorced	IF YES, GIVE W					2 X NO			- 1	Specif	y:		
215-0 attending			15. DECEDENT'S EDU	CATION		Las Decements							BLA	ACK		_
or ath			(Specify only highest grade	completed)		18e. DECEDENT'S (Give kind of life. Do NOT u	work done di	uring mos	in st of working	7	16b, KIND OF E	USINESS/IND	JSTRY			
of for			Elementary/Secondary (0-12)	College (1-4 or 5 + 2 yrs	·)	MILITA		T TC	F		USAF (	RET.)				
The hospital detached for	once.	COMPL	17. FATHER'S NAME (First, Middle, Les)	2 910		1,111111	IKI IO	LIC		EDIC MAN	IE (First, Middle, Meid					-
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TAR)		BE	190. INFORMANT'S NAME (Type/Print)		_	10h MAII IM	ADDRESS	/Ctmat a	nd Alumbus		oute Number, City or 1		0.11			_
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BALTIMORE, after death. Page 6 may be by the funeral director, page moval.	8	- 1	20er METHOD OF DISPOSITION		201	PLACE AND DATE				(I W						_
MOR age 6 ms director.	must		1 Burial 2 Cremation 3 Remi	oval from State		REINGION				ν	1-1-1	LINGTO				
S age	9	H	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE A	- 1 41	KEINGION			D ADDRES			LINGIC	/IN VZ	1		_
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B/ ins after of n by the removal.	medical	- 1	23. PART i. Entay the diseases, or ahock, or heart failure.	omplications the	t cause	d the death. Do	not anter t	the mod	de of dyir	ng, auch	as cardiac or res	piratory arre	st,	Approxim		
			IMMEDIATE CAUSE (Final	and only one cap	SO OII O	mon mig.								Onset ar		
	t, the		disease or condition resulting in death)	Lung Ca	ince	r										
- Table 17 Table 1	event,			DUE TO	(OR AS A	A CONSEQUENCE O	F):								- 1	1
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m 18 25 2	5 5	3 ∥	CAUSE (Disease or injury	c												
	other		that initiated events resulting in death) LAST	DUE 10	(OR AS A	A CONSEQUENCE O	₱):									1
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D # € ≥ .	킑 .		PART II. Other aignificant condition	a contributing to	death b	out not resulting	In the und	derlying	cause gi	lven in F	Part I. 24a. WAS /	IN AUTOPSY	24b.	WERE AUTOPSY	FINDINGS	-
V requires that the been signed by (t. of Health and	any	DICAL									PERF	DRMED?		AVAILABLE PRIOR COMPLETION OF	R TO	
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Deen T. of	Shows			····							-			1   YE\$ 2	NO	
e s e	23	SICIAN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DE	ATH /Cho	ck only one)					4
VIIAL AN: The law inficate has State Dep	E S	3	EXAMINER?  1 YES 2 NO	HOSPITAL:	E9/Outr	netlant 2 🗆 DOA	OTHER	:								-
HYSICIA Nits certif	ë   2		27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIN	E OF	ng Homi 28c. INJU			Other (Specify)  28d. DESCRIBE HOV	INJURY OCC	IBED			4
0 == -			1 Netural 5 Pending	(Month, Di	ay, Year)	IN.	JURY	WOI		- 1			DILLO			ı
death of O		6	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY	— At home, ferm,	street, fector		_		281. LOCATION (Street	t and Number o	or Aural B	uda Alumbar		4
after after	90 L		4 Homicide 6 Could not be	building,	etc. (Spec	cffy)		,			City or Town, Sta	(a)	, nover ru	oute regrouper,		ł
OR ATTENDING DIRECTOR: After hours after death	E E	4	29e. CERTIFIER												_	4
7 72		È	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B: On the best of	my know	riedge, death occurr	ed at the tin	ne, date	and place,	end due t	o the cause(a) and n	anner as state	d.			ł
HOSPITAL FUNERAL Within 72	ANT: If Item 2	3	2 MEDICAL EXAMINE		CATEBOOK OF	n wrozor investigation	en, in my op	enion, de	eth occure	a at the t	ime, date end place,	and due to the	ceuse(a)	end manner ae	stated.	
TO THE HOSPITA TO THE FUNERA DE filed within 7	F   F		296. SIGNATURE AND TITLE OF CERTIFIEF	1					29c. LICE	NSE NUM	BER	29d. DATE	SIGNED	Month, Day, Year	)	1
THE DE FINE	₹ 5	5 IL	See below									J	une	17, 199	93	
(3)		1	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	SE OF DE	ATH (ITEM 27) (Type	Print)					MGMC				1
((0)		4	Lang Ufol	method	-	Larry 1	1. Jol	hnsc	n Ma	ior.	USAF.MC		MD	20331		
10/			31. DATE FILED (Month Day You	JEST JEST JA	B'S SCO	MICHELL		1577-								1

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

DHMH-16 Rev 1/89

		completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		Pages
		permit.
020	uted within a sours after death. Page 6 may be retained by the hospital or attending physician.	burial-transit
BALTIMORE, MARYLAND 21215-0020	attending	se as the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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2	mquine that	been signed by	shows any
	CIAN: The law	ertificate has	or item 23
	NDING PHYSI	R: After this c	Is marked,
	TAL OR ATTE	VAL DIRECTO	If item 28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law impulme that the deap can can be executed within a sours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been somed by the anticoded on accompletely filled in by the funeral direction and completely filled in by the funeral direction or entered in the State has find within 20 hours after death with the State has	IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

	1 - STATE REGISTRAR	STATE OF MARYL	CERTIFICAT	E OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH
	Charles H. Wri	ght			6 25	93 7:00 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF UND	ER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	213301005 9s. FACILITY NAME (If not institution, give	21.21	61 YRS.	TY, TOWN OR LOCATION OF E	Jan 4,1932	MD COUNTY OF DEATH
TOR	Perry Point V			erryville	25.11	Cecil
DIRECTOR	MD Ce	cil	Farle	ville		10d. INSIDE CITY
	10e. STREET AND NUMBER	C11	Balle	101, ZIP CODE		1 VES 2 NO
FUNERAL	43 New York	Ave Chrys	tal Baach	21919	100.	USA
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I			NIC ORIGIN? (Specify Yes or No	- 14. RACE - American Indian.
	1 Never Married 2 Married	FORCES? 1/ YES	2 NO	If yes, specify Cuben, Mexic	can, Puerto Rican, etc.)	Black, White, etc. Specify:
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COMPLETED	15. DECEDENT'S ED (Specify only highest gred		16a. DECEDENT'S USUAL (Give kind of work don	a rising most of working	16b. KIND OF BUSINESS	/INDUSTRY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use retired	.)	T 1 T	
Ž	17. FATHER'S NAME (First, Middle, Last)		Mechanic			ay Constructio
		4-		1.00	AME (First, Middle, Malden Surnar Mae Biddle	
BE	Herbert Wrigh	L	19h MAII ING ADDRE			Zip Coole) MD 21919
5	Laura Roberta	Wright				, Earleville
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF DISPI			- City or Town, State
	1 Donation 5 Other (Specify)	noval from State	netery, crematory or other plac apitolcrem	atory 6/2	5/93 Dover	
	21. SIGNATURE OF FUNERAL SERVICE L			NAME AND ADDRESS OF E	ACII ITV	
	MAN BC	1.00m =		tellows tu	ment storne	nd area
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not ent			
	shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CIRRHOS	each line.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEDUENCE OF):			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEDUENCE OF):			
AL C	PART II. Other significent condition	ns contributing to death t	out not resulting in the	underlying ceuse given in	Part I. 24a. WAS AN AUTOP	SY 24b. WERE AUTOPSY FINDINGS
					PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						OF DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		26. PLACE OF DEATH (C	heck only one)	
YSI	1 TES 2 NO	HOSPITAL: 1 A inputient 2 ER/Out	patient 3 DOA 4 N	ER: ursing Home 5 🗆 Residence	S C Other (Specify)	
					T = Willer (Option))	
IY PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	284. DESCRIBE HOW INJURY	OCCUREO
ВУ	27. MANNER OF OEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO		
ВУ	27. MANNER OF OEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide CERTIFIER (Check only	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spe	28b. TIME OF INJURY M  f — At home, farm, street, fa	28c. INJURY AT WORK?  1 YES 2 NO  ctory, office	28d. DESCRIBE HOW INJURY  28f. LOCATION (Street and Nur-City or Town, State)  e to the cause(a) and manner as	riber or Rural Route Number,
COMPLETED BY	27. MANNER OF OEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide CERTIFIER (Check only	26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, etc. (Spe- BICIAN: To the best of my know IER: On the basis of axemination	28b. TIME OF INJURY M  f — At home, farm, street, fa	28c. INJURY AT WORK?  1 YES 2 NO  ctory, office  time, data and place, and duopinion, death occured at the	28d. DESCRIBE HOW INJURY  28f. LOCATION (Street and Nur City or Town, State)  to the cause(a) and manner as a time, data and place, and due to	niber or Rural Route Number, steted. to the cause(a) and manner as stated.
BE COMPLETED BY	27. MANNER OF OEATH  1	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe- SICIAN: To the best of my known  ER: On the beals of axamination	28b. TIME OF INJURY M  f — At home, farm, street, fa	28c. INJURY AT WORK?  1 YES 2 NO  ctory, office  time, data and place, and du opinion, death occured at the	28d. DESCRIBE HOW INJURY  28f. LOCATION (Street and Nur City or Town, State)  to the cause(a) and manner as a time, data and place, and due to	stated.  DATE \$IGNEO (Month, Day, Veer)
COMPLETED BY	27. MANNER OF OEATH  1	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe- SICIAN: To the best of my know IER: On the basis of axamination	28b. TIME OF INJURY M  / — At home, farm, street, facily)  redge, death occurred et the en and/or investigation, in my	28c. INJURY AT WORK?  1 YES 2 NO  ctory, office  time, data and place, and du opinion, death occured at the	28d. DESCRIBE HOW INJURY  28f. LOCATION (Street and Nur City or Town, State)  e to the cause(a) and manner as a time, data and place, and due to  IMBER 29d.	steted.  DATE SIGNEO (Month, Day, Year)
BE COMPLETED BY	27. MANNER OF OEATH  1   Xinstural   5   Pending Investigation   2   Accident   6   Could not be determined   29a. CERTIFIER   Check only one)   2   MEDICAL EXAMIN   29b. SIGNATURE AND TITLE OF CERTIFIER   30. NAME AND ADDRESS OF PERSON WILLIAM   27. MANNER OF OEATH   CERTIFIER   30. NAME AND ADDRESS OF PERSON WILLIAM   27. MANNER OF OEATH   CERTIFIER   30. NAME AND ADDRESS OF PERSON WILLIAM   31. NAME AND ADDRESS OF PERSON WILLIAM   32. NAME AND ADDRESS OF PERSON WILLIAM   33. NAME AND ADDRESS OF PERSON WILLIAM   34. NAME AND ADDRESS OF PERSON WILLIAM   35. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   37. NAME AND ADDRESS OF PERSON WILLIAM   38. NAME AND ADDRESS OF PERSON WILLIAM   39. NAME	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe- SICIAN: To the best of my know IER: On the basis of axamination of the basis of axamination of the basis of DERRY PE	28b. TIME OF INJURY M  7 — At home, farm, street, facily)  1 dedge, death occurred at the in and/or investigation, in my  EATH (ITEM 27) (Type, Print)	28c. INJURY AT WORK?  1 YES 2 NO  ctory, office  time, data and place, and du opinion, death occured at the	28d. DESCRIBE HOW INJURY  28f. LOCATION (Street and Nur City or Town, State)  e to the cause(a) and manner as a time, data and place, and due to  IMBER 29d.	stated.  DATE \$IGNEO (Month, Day, Veer)
BE COMPLETED BY	27. MANNER OF OEATH  1   Xinstural   5   Pending Investigation   2   Accident   6   Could not be determined   29a. CERTIFIER   Check only one)   2   MEDICAL EXAMIN   29b. SIGNATURE AND TITLE OF CERTIFIER   30. NAME AND ADDRESS OF PERSON WILLIAM   27. MANNER OF OEATH   CERTIFIER   30. NAME AND ADDRESS OF PERSON WILLIAM   27. MANNER OF OEATH   CERTIFIER   30. NAME AND ADDRESS OF PERSON WILLIAM   31. NAME AND ADDRESS OF PERSON WILLIAM   32. NAME AND ADDRESS OF PERSON WILLIAM   33. NAME AND ADDRESS OF PERSON WILLIAM   34. NAME AND ADDRESS OF PERSON WILLIAM   35. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   36. NAME AND ADDRESS OF PERSON WILLIAM   37. NAME AND ADDRESS OF PERSON WILLIAM   38. NAME AND ADDRESS OF PERSON WILLIAM   39. NAME	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Sician): To the best of my know IER: On the best of axemination of the best o	28b. TIME OF INJURY M  7 — At home, farm, street, facily)  1 dedge, death occurred at the in and/or investigation, in my  EATH (ITEM 27) (Type, Print)	28c. INJURY AT WORK?  1 YES 2 NO  ctory, office  time, data and place, and du opinion, death occured at the	28d. DESCRIBE HOW INJURY  28f. LOCATION (Street and Nur City or Town, State)  e to the cause(a) and manner as a time, data and place, and due to  IMBER 29d.	stated.  DATE \$IGNEO (Month, Day, Veer)

020	physician.	
215-0	id by the Nospital or attending physician	
ND 21	hospitai or	
-TIMORE, MARYLAND 21215-0020	stained by the	
M,	N. A.	
MOR	th. Page 6 may with	
	5	

1 - FOR STATE REGISTRAR

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<b>JS, P.C</b>
AL RECORDS, P.O. I
2
I OF VIT
VISION

		1. DECEDENT'S NAME (First, Middle, Last)	an -				2. DATE OF D	4-93	YEAR 3.	8:08 P
2		4. SOCIAL SECURITY NUMBER 5. 217-50-5909 12	SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 5-20	Year)	Country)	on, Md.
2, 3 should	ECTOR	90. FACILITY NAME (If not institution, give street 43 Cambridge Ros		9		R LOCATION OF DE	АТН		ty of deat Cecil	Н
permit. Pages 1,	DIREC	10a. STATE 10b. COUNTY			TOWN OR LOCAT	TION				d. INSIDE CITY LIMITS?  YES 2  NO
sit permi	RAL	10e. STREET AND NUMBER			1kton 101	ZIP CODE		1	EN OF WHAT	T COUNTRY?
21215-0020 al or attending physician. for use as the burlat-transit	BY FUNERAL		. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR DO Army Viet	ATES	13. WAS DEC	ENDENT OF HISPAN acity Cuban, Mexica 2 XIXIO Specify	n, Puerto Rican,	ecity Yes or No-		American Indian, filte, etc.  White
1215-0 r attending use as the	0	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	UAL OCCUPATION done during mo	ON st of working	16b. KINI	OF BUSINESS/INDL	ISTRY	
AND 21 hospitai or ched for u	COMPLET	Elementary/Secondary (0-12)	ollege (1-4 or 5 +)	Comptro			I	Hospital	L	
N A S	BE CO	17. FATHER'S NAME (First, Middle, Last)  Conrad Wegman				18. MOTHER'S NA Cla		Maiden Surname)		
A Paris	٤	19a. INFORMANT'S NAME (Type/Print) Linda A. Wegman						ty or Town, State, Zip on , Md .		1921
C E 5	T must be	20a. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3  Removal  4  Denation 5  Other (Specify)	from State cerr	PLACE AND DATE OF Interest, cremetory or other ilpin Ma	nor Me	emorial		Elkto		
BALTIMO nours after death. Page 6 ad in by the funeral directo or removal.	examiner	21. SIGNATURE OF FUNE AL SERVICE LICENS				Funeral		259 E. Elkton	Main	st.,
H.O. BOX 68 th certificate be execute ending physician and co il Hygiene prior to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		Melanoi a consequence of): a consequence of):	na					26 month
requires that seen signed by of Health ar	MEDICAL	PART II. Other significant conditions of	ontributing to death b	out not reaulting in	the underlying	g cause given in	220	WAS AN AUTOPSY PERFORMED? YES 2 NO	COL	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN: The law certificate has b the State Dept.	SIC.		OSPITAL:		THER:	ACE OF DEATH (Chi	,,	oiful		
PHYSICIA r this certif		27. MANNER OF DEATH  Metural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ Y WO			E HOW INJURY OCCI	JRED	
TTENDI TOR: A after d	E C	Accident investigation  3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	' — At home, larm, atre	et, factory, office		281. LOCATION City or Tox	(Street and Number on, State)	r Rural Route	n Number,
4 42	COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	t: To the best of my know							nd menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	BE	296. SIGNATURE AND TITLE OF CERTIFIER	- 10			29c. LICENSE NUN	1 /.	<b>.</b>	, , , , ,	onth, Day, Year)
	10	30. NAME AND ADDRESS OF PERSON WHO CO	Northe	ATH (ITEM 27) (Type, Pr	neake	Hospic	e 11	Elkton,	Md. 1 St	21921
		31. DATÉ FILED (Month, Say, 19ar)	OMPLETED CAUSE OF DE.  Northe: 32, REGISTRAR'S SIGN Julia Davidson	ATURE	<u> </u>		U, 11.	Liowal		-
_			_							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-18 Rev 1/89

93 20848

BALTIMORE, MARYLAND 21215-0020	thin 24 hours after deal stange 6 may be retained by the hospital or attending physic	etely filled in by the funeral director, page 5 should be detached for use as the burial emation, or removal.	nt, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after devicement 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trop be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

JUN 25 1993

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DE	PARTMENT OF HEALTH AND		93 20849			
		CERI	IFICATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Rachel Elizabe			2. DATE OF DEATH APPYIL TO 19	3. TIME OF DEATH 5;02 P M			
	170-20-1132	6. AGE (In yrs. lest birth	MONTHS DAVE MOUTHS NOW	(Monin, Day, 16ar)	BIRTHPLACE (State or Foreign Country) Church Hill MD			
OR	9a. FACILITY NAME (If not institution, give street and r Kent & Queen Annes		ob. CITY, TOWN OR LOCATION OF Chestertown	DEATH 9c. COUN	ty of DEATH Kent			
5	RESIDENCE OF DECEDENT							
DIRECTOR	MD Oueen Ar		Churchhill		10d. INSIDE CITY LIMITS? 1 \( \overline{P} \) YES 2 \( \overline{D} \) NO			
FUNERAL	10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF							
3	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. ARMED	13 WAS DECEMBENT OF HISP	ANIC ORIGIN? (Specify Yes or No	14. RACE — American Indian,			
ВУ	1 Never Married 2 Married FOR	CES? 1 \(\superstyle \text{YES}\) 2 \(\sumathbb{\text{NO}}\) NO ES, GIVE WAR OR OATES	If yes, specify Cuben, Mexic 1 ☐ YES 2 ☒ NO Spec	can, Puerto Rican, etc.)	Black, White, etc.  Specify: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	1) 18a. DECEDE (Give kin life. Do No	NT'S USUAL OCCUPATION  of of work done during most of working of use retired.)	16b. KIND OF BUSINESS/INDU	ISTRY			
4	unknown unkn	OWD 11	nknown					
M	17. FATHER'S NAME (First, Middle, Lest)	Owii u		unknown				
			18. MOTHER'S N	IAME (First, Middle, Maiden Surname)				
BE	first name unknow		Emm	a (Surname unkno	own)			
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAI	ING ADDRESS (Street and Number or Rura	I Route Number, City or Town, State, Zip	Code)			
F	Blondine Holley	Bo	x 576, Chestertow	n, MD 21620				
	20a. METHOD OF DISPOSITION	20b. PLACE AND D	TE OF DISPOSITION (Name of	OATE 20c. LOCATION — C	the or Town State			
	1 XBurisi 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	State cemetery, crematory	or other place)					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ramily		4-17-93 Churchh	ill, MD			
	· Demot	(ODC)	22. NAME AND ADDRESS OF B Bennie Smith Butlertown,	Funeral Home				
	23. PART I. Enter the diseases, or complice	tions that caused the death.	on not enter the mode of dving ev	ich es cardiac or manimuten, em-	et			
	shock, or heart fellure. List only IMMEDIATE CAUSE (Final	one cause on each line.	, , ,	P	Approximate Interval Between Onset and Death			
		- I	enous arterial	occlusion				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	E OF):					
5	CAUSE (Disease or Injury C.	DUE TO 100 10 1 00110F011F111						
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENC	E OF):					
E	d							
	PART II. Other algnificant conditions contrit	nution to death had not a see						
<u>₹</u>	One again conditions continue	Juding to death but not result	ng in the underlying ceuse given is	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	13chemic R too	-		1 D YES 2 D NO	COMPLETION OF CAUSE OF DEATH?			
	anemia 2º toc	hronic disea	00/		1 YES 2 NO			
3	(secondam	1			1 123 2 110			
A	25. WAS CASE REFERRED TO MEDICAL	1 mg	26 BLACE OF DEATH OF					
0	EXAMINER? HOSE		26. PLACE OF DEATH (C	neck only one)				
₹ I		atlant 2 - ER/Outpetient 3 - DO		6 Other (Specify)				
PHYSICIAN: MEDICAL	_/ _	. DATE OF INJURY 26b. (Month, Day, Year)	TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	IRED			
B	1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO					
	r Rural Route Number,							
W	29a. CERTIFIER		CONTRACTOR OF CONTRACTOR					
COMPLETED	(Check only		curred at the time, data and place, and du pation, in my opinion, death occured at th					
	29b. SIGNATURE AND TITLE OF CERTIFIER	0 //	29c. LICENSE NU	JMBER 29d DATE	SIGNEO (Month, Day, Year)			
BE	m /	zonanfiely			4-16-93			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLE	ETED CAUSE OF OEATH (ITEM 27)		3.7	(3			
- 11		,//						

all by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remaind TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 move be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifial.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIF	ICATE C	F DEAT	H	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	Mildred ELIZABET	TH Wheeler					July 1, 1	993	YEAR	11:18 A. M
		SEX 6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF BIFITH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
		□ M 2 🔀 F 82	YRS.	MONTHS (MA	S HOURS		JAN. 23, 1	1911		YLAND
~	9a. FACILITY NAME (if not institution, give street of	and number)		9b. CITY, TOV	N OR LOCATIO	ON OF DEAT	тн	9c. COU	NTY OF D	EATH
5	Physicians Memoria	ıl Hospital		La	Plata			Ch	narle	S
E C	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 11									10d. INSIDE CITY
2	MARYLAND CHARLES BEL ALTON									LIMITS?
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?
FUNERAL DIRECTOR	ROUTE #301				2061	1		UNIT	ED S	TATES
2		WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2	MED	13. WAS	DECENDENT O	F HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
ВУ	1 Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	10		res XIX NO		Puerto Rican, atc.)		Specif	
	16. DECEDENT'S EDUCATIO	ON Leaves								BLACK
ETED	(Specify only highest grade comp	pleted) (G		USUAL OCCUP. work done during se retired.)		g	16b. KIND OF BUS	INESS/INC	JUSTRY	
2	12TH GRADE	onege (1-4 or 5 +)		ANT OW	NEB		RESTAU	ייינו א כ		
COMPL	17. FATHER'S NAME (First, Middle, Last)	103	JIHOI	ZINI OW		ER'S NAME	(First, Middle, Maiden			
BE C	THOMAS WEBSTER SHOR	T			- 1		LUCILLE S		WOOD.	SHORT
TO B	19a. INFORMANT'S NAME (Type/Print)	197	b. MAILING	ADDRESS (Stre			ute Number, City or Town			SHORT
۲	ANNIE GERTRUDE WHEE	LER RO	DUTE	#2 BOX	72F P	OMFRE	ET, MARYLA	AND	2067	5
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Removal (	20b PLACE	ANDDATE	OF DISPOSITION	(Name of		DATE 200 LOV	CATION	Cife on To-	- Oten
	4 Donation 8 Other (Specify)	ST, IC	NATI	US CHU	RCH CE	M. 7/	6/93 CHAE	EL P	OINT	, MARYLAND
	H. BIGNATURE OF FUNERAL SERVICE LICENSE	senter Job	lan.	22. NAME	AND ADDRES	S OF FACIL	ITY VERAL HOME			
,	LYDIA C. THORNTO		583						MKEA	, MD. 20640
	23. PART I. Enter the diseases, or comp	plications that caused the de only one cause of each line	ath. Do r	ot enter the	mode of dyle	ng, auch i	aa cardiac or respi	ratory ari	rest,	Approximata
	IMMEDIATE CAUSE (Final	only one cause of each line		1	A					interval Between Onset and Death
	disease or condition resulting in death)									
		DUE TO JOH AS A CONSEC	DUENCE OF	D. J.	10	POLI	Val Har	001	1110	
NO N	Sequentially list conditions,	MIGNIC -	FW	asta	46	HEV	eu va	41	WE	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OF TO TORIAS A CONSEC	NV A	II MAN	ALA					
틸	CAUSE (Disease or injury that initiated events	U one to tou vily course.	PRENCE OF	1/	10	0 .	V-0			1
E	reaulting in death) LAST	LUDINGEL	arl	ra 1	+W.	DHA.	anem	La		
	PARTUI. Other significant conditions co				1 10	- 10	1			1
DICAL	OIAO W	attributing to death but not n	A A	n the underly	Ing cause g	Iven in Pa	A PERFORI			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
till I	The state of the s			4 0	WU	080	1 □ YES 2	to No		COMPLETION OF CAUSE OF DEATH?
Σ	18 Weare , 81	al notes:					-0 T		1 8	1 YES 2 NO
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL			20	ALLOE OF DE	A711 (Ot1				
딣 I	EXAMINER?	SPINL:		OTHER:	PLACE OF DE					
¥	27. MANNER OP DEATH	Impatient 2 ER/Outpatient 3 28s. DATE OF INJURY	28b. TIM		INJURY AT		Other (Specify)	I II IIIV OC	CUREO	
	1 Natural S Pending	(Month, Day, Year)	INJ	URY	WORK?		ed. OESCHIBE HOW IN	JOH! OCC	OHED	
E E	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — AI ho	me, Jarm, s				81. LOCATION (Street a	nd Number	or Rural Ru	oute Number
E I	4 Homicide determined	building, atc. (Specify)					City or Town, State)			
ן ב	29a. CERTIFIER 1 CHOCK ONLY 1 CERTIFYING PHYSICIAN:	: To the best of my knowledge, de	nth occurre	d at the time, d	ate and place	and due to	the cause(s) and men	nor so stel	and .	
COMPLETED		the basis of exemination and/or i								and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	<del></del>				NSE NUMBE			1	(Month Ony, Year)
BE	MA	1 11/10				-2302		•	777	102
일	30. NAME AND AGORESS OF PERSON WHO COM	MPLETEO CAUSE OF DEATH (ITER	1 27) (Type,	Print)		2302	1		4	++>-
	Sanjeeb K. Mishra,	MD, 7C Post 0	ffice	e Rd.,C	enna C	Center	r, Waldor:	f, Mo	i. `2	20602
		32. REGISTRAR'S SIGNATURE								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SINIE OF MARTLAN	D / DEPARTMENT OF HEALTH CERTIFICATE OF DEA		
	1. DECEDENT'S NAME (First, Middle, Last)	1, 0		2. DATE OF OEATH MONTH DAY	YEAR 3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER			6/23/97	2:50 A
	4, SOCIAL SECURITY NUMBER	1 X M 2 D F 23-24	S. lest birthdey) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS	R 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE/State of Surplan/ Country) Orince George
_	Sa. FACILITY NAME (If not institution, give si	treet and number)	9b. CITY, TOWN OR LOCAT	ION OF DEATH 9c. COUN	TY OF OEATH
DIRECTOR	Prince OF DECEDENT	es Husp. ('t	r. Chevery	Prin	re Georges
JRE(	10s. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION	00	10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		WONING 101	DE 100 CITIZ	1 YES 2 NO
FUNERAL	1927 1.	Street	- N.E. 20	1002	U.S.A.
E	11. MÀRITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER IN U.S FORCES? 1 YES 2	NO If yes, specify Cubi	sn, Msxican, Pusrto Rican, etc.)	14. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO	Specify:	Specify: Black
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 18st completed)	B. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work) life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDU	JSTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT use reared.		
COMPL	17, FATHER'S NAME (First, Middle, Last)		18. MOT	HER'S NAME (First, Middle, Maiden Surname)	1
BE	10- INFORMANTIO MAME (To-Oden)		15/	nerri Washin	gtan
2	198. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRESS (Street and Nymbe	or or Rural Route Number, City or Town, State, Zip	114 000
	20s. METHOD OF OISPOSITION 1  Burisl 2  Cremetion 3  Remo		ACE AND DATE OF DISPOSITION (Name of	OATE 20c. LOCATION - C	1 7
	4 Donation 5 Other (Specify)	Comotery	r, cremetory or other plece)		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME ANO ADDRE	SS OF FACILITY	
NOI	disease or condition resulting in death)  Sequentially list conditions,		Renderity 23  NSEOUENCE OF:  As phyria  NSEOUENCE OF:	-24 weeks	
CERTIFICATION	if sny, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to (or as a con	Placenta		
AL CE	PART ii. Other significant conditions	s contributing to death but r	ot resulting in the underlying ceuse	given in Part i. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING
S				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC					1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		28 PH ACE OF D	EATH (Check and and	
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatien	OTHER:	DEATH (Check only one)  seldencs 8  Other (Specify)	187
됩	27. MANNER OF DEATH  1 Naturel 5 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OCCI	JRED
à l	2 Accident Investigation	28s PLACE OF IN HIPS	M 1 YES 2		
	3 Suicide 8 Could not be determined	building, etc. (Specify)		281. LOCATION (Street and Number of City or Town, State)	r murai Houte Number,
COMPLET	29e. CERTIFIER (Check only)	CIAN: To the best of my knowledge	s, death occurred at the time, data and piscs	, and dus to the cause(s) and menner as atate	d.
MO				red at the time, date and placs, and dus to the	
4.5	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LIC	ENSE NUMBER 29d, DATE	CIONED AL D IV
w II	- Rain		l ta	I .	SIGNED (Month, Day, Year)
8	Blide M	O COMPLETES CAUSE OF STATE	D3	14229 16	123/93
TO BE C	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OBATH	(ITEM 27) (Type, Print) 3001 HUS	Dital Dr Chei	123/93 18/14, MD 20

BALTIMORE, MARYLAND 21215-0020

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ATTENDING PHY	ECTOR: After th	rs after death wi	n 28 is marked
L OR ATTENDING PHY	DIRECTOR: After th	hours after death wi	item 28 is marked
PITAL OR ATTENDING PHY	ERAL DIRECTOR: After th	n 72 hours after death wi	T. If item 28 is marked
HOSPITAL OR ATTENDING PHY	FUNERAL DIRECTOR: After th	within 72 hours after death wil	TANT: If item 28 is marked
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reli	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 at	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be net

	1. DECEDENT'S NAME (First	t, Middle, Lest)								2. DATE OF DEATH			3. TIME OF DEATH
1	MAR	Y Za	bel							7 A	199	YEAR	11:30p M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	400	8. BIRTH	PLACE (State or Foreign
	390-03-99	937	1 ☐ M 21/☐ F	94	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3-2/-1	899	Countr	sconsin
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ION OF DE			NTY OF D	
8	Calvert Ma		Nursing	Home		Ri	sin	g Su	ın		Ce	cil	
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DIRECTOR	WI		nosha			Y, TOWN (		TION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Table	nosna		Ke	enos		, ZIP COD		<del></del>			1 YES 2X NO
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E	1 Never Married 2	Married	FORCES? 1	YES 2 N	0	100	If yes, sp	ecify Cubs	on, Mexica	NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	Black	- American Indian, t, White, etc.
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BE COMPLETED	15. DEC	EDENT'S EDU-	CATION	16a. DE(	CEDENT'S	USUAL O	CCUPATIO	ON	e0.0	16b. KIND OF BUS	SINESS/IN	DUSTRY	
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8	17. FATHER'S NAME (First, M							18. MOT		ME (First, Middle, Meiden	Surname)		
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2	19a. INFORMANT'S NAME (1									Houte Number, City or Tow			7
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	Edward	num	Collins			اعا	all:	ins.	Fun	eral Home	e Ox	ford	d,Pa.
	23. PART I. Enter the d shock, or h	iseases, or o	omplications that List only one cau	it caused the dea	ith. Do r	not enter	the mo	de of dy	ing, such	an cardiec or respi	ratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Fir			0	1	0							Onset and Death
	disease or condition resulting in death)	<b>→</b>	Un	westing	1	row	00	tail	une				day
			DUE TO	(OR AS X CONSEO	UENCE O	F):		V					
CERTIFICATION	Sequentially list condit		b. DIE TO	(OR AS A CONSEO	UENCE O	n.	-						Years
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MEDICAL	PART II. Other significe		1 1	death but not re	sulting	in the un	derlying	g ceuse g	given in i	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
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¥ I	27. MANNER OF DEATH		28e. DATE OF	ER/Outpatient 3	28b. TIM		28c. INJ	_	sidence	6 Other (Specify)		A	
	1 _ 'Netural 5 _	Pending	(Month, D		INJ	URY	WO	PK?	¬ NO	28d. DEŞCRIBE HOW II	NJUHY OC	CUHED	
BY	3 Sulaide	Investigation	28e, PLACE O	F INJURY — At hon	ne, ferm, r	street, fact				26f. LOCATION (Street a	nd Numbe	or Rumi B	loude Mumber
		Could not be determined	building,	etc. (Specify)		, , , , , , , , , , , , , , , , , , , ,	,,			City or Town, State)	and realised	Or Horei II	oute running,
COMPLETED	29e. CERTIFIER 1 PC CERT	IFYING PHYCH	CIÁN: To the heat of	my knowledge des	th acture	ad at the at		and of-	and to	to the cause(e) end man	- T- 191		
M										to the cause(e) end man time, date and place, an			and manner se stated
	29b. SIGNATURE AND TITLE												
H	000	SI SERIFIE	2/	2 M	)			())	ENSE NUM	S	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WH	COMPLETED CALL	SE OF DEATH (ITEM	27) /Tuna	Print1	_	V	1111		,	6	10
	V=1	Ta	1 - 00	_	ary (rype,	· muj							
	31. DATE FILEO (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE									
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TO THE FUNERAL DIRECT
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IMPORTANT: If Item 2

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nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 the funeral director, page 5 should be detached for filled in by completely filled rial, cremation, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the attending physician and con Mental Hygiene prior to burial, signed by the t, of I Dept. i: After this certificate har death with the State D DIRECTOR: A hours after de item 28 is

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 16 07 2:25 P RENA ANDERSON (Watkins) 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BURTH IF LINDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 M 2X F HOURS YRS. 8-7-1916 219-26-3522 76 Lunbern, Co. V: 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 1624 DIVISION STREET BALTIMORE (RES.) 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND 1 N YES 2 □ NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1624 DIVISION STREET 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indien, Black, White, etc. Il yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced **Black** COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Buck Watkins Lettie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဝ Division St. Balto. Md 21217 Joan Anderson 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Murial 2 ☐ Cramation 3 ☐ ☐ Donation 5 ☐ Other (Specify) /93 Balto. Md Auburn Cemetery 7/21 21. SHOWATURE OF MAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition MALIGNANT TUMBR OF BLADDER resulting in death) 6 mo DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO RENAL DISEASE COMPLETION OF CAUSE 1 | YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 🗌 Nursi ne 5 🗆 Residenca 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER (Chack only 1 📆 CERTIFVING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE relight 17 MB me 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S.CHINTRISMA, MD 821' N. ENTHU MD 32. REGISTRAN'S SIGNATURE DE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

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24. Junius Constory 3/21/95 1 350. W.

1. DECEDENT'S NAME (First, Middle, Last							OF DEATH	,	WEAT.	3. TIME OF DEA	Н
WILLIAM		AD	PAIR			MONTH 7	12		YEAR O 3	6:44	p
4. SOCIAL SECURITY NUMBER 213-32-1913	5. SEX	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Pay Year)		e. BIRTH	YLAND	reign
99. FACILITY NAME (If not institution, give 35 NORTH		OU STRE	EET		OR LOCATION OF E	EATH		BAL		ATH	
100. STATE 100. COUN BAL	TIMORE			LTIMORI						10d. INSIDE CIT LIMITS? 1 X YES 2	
10e. STREET AND NUMBER					Of. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	NO
35 N. BENTALO					1223				USA		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AR X YES 2 1 WAR OR DATES	MED	If yes, s	CENDENT OF HISPA specify Cubsn, Maxic S 2 NO Spec	an, Puerto R		or No-	14. RACE Black, Specify	- American Ind Whits, etc. BLACK	in,
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12th grade	UCATION de completed) College (1-4 or 8	(G //fe.	ive kind of Do NOT u	B USUAL OCCUPAT work done during in ree retired.)  B L E D	ION nost of worlding	16b.	KIND OF BUS	INESS/INDU			
17. FATHER'S NAME (First, Middle, Last) OLIVER ADAIR	1500 3		IJA	DEED	18. MOTHER'S N		fiddle, Maiden \$	Surname)			
19a. INFORMANT'S NAME (Type/Print) MARY R. ADAIR		196			FALOU B				<sup>Code)</sup> 223		
299. METHOD OF DISPOSITION  1 Description   1 Description   2 Description   3 Description   2	movel from State			OF DISPOSITION IN		7/20		WING		ILLS,	ME
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	1		22. NAME /	AND ADDRESS OF F	ACILITY					
23. PART I. Entar the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hyper	use on each line	e Ar	terios	CH F/H iode of dying, su	ch se card	iac or respir	ratory arre	ıst,	Approximinterval E	nte etwe
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Hyper  b  DUE TO	tensive	OUENCE O	terios	iode of dying, su	ch se card	iac or respir	ratory arre	ıst,	Approximinterval E	nte etwe
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions Re	a. Hyper  b. Due m  c. Due m  d.	tensive O (OR AS A CONSECT O (OR	OUENCE O	terios	ode of dying, su	C Ca	24e. WAS AN. PERFORI 1 YES 2	AUTOPSY MED?	ılar	Approximinterval E	NOIN TO CAUS
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shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition Re Di Ch  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X Natural 1 Natural 2 Accident 3 Suicide 4 Homicide  29s. CERTIFIER (Check only) 1 CERTIFYING PHY	a. Hyper  b. DUE TO  c. DUE TO  d	tensive O (OR AS A CONSECT O (OR	OUENCE O  DUENCE O  DUENCE O  Teaulting  Tive  DOA  28b. Tin IN	Terios  terios  terios  F):  F):  In the underlyle  Pulmo  26. I  OTHER: 4   Nursing Ho  ME OF  JURY M 1    street, factory, off	ng cause given in  nary Di  place of DEATH (C  ma 5 Nesidence  JURY AT  ORK?  Is and place, and du	C Ca  Part I.  Seas heck only one 6 Other 28d. DES	24s. WAS AN PERFORM YES 2  CRIBE HOW IN  ATTON (Street s. or Fown, State)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.	Approximinterval E Onset sn Disea	NDIN TO CAUSE
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition Re Di Ch  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1XIYES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	a. Hyper  b. DUE TO  c. DUE TO  d	tensive O (OR AS A CONSECT O (OR	OUENCE O  DUENCE O  DUENCE O  Teaulting  Tive  DOA  28b. Tin IN	Terios  terios  terios  F):  F):  In the underlyle  Pulmo  26. I  OTHER: 4   Nursing Ho  ME OF  JURY M 1    street, factory, off	ng cause given in  nary Di  place of DEATH (C  ma 5 Nesidence  JURY AT  ORK?  Is and place, and du	C Ca  1 Part i.  S e a S  heck only on  6 Other  28t. LOC: City of	24s. WAS AN PERFORM YES 2  CRIBE HOW IN  ATTON (Street s. or Fown, State)	AUTOPSY MED?  AUTOPSY MED?  NO  AUTOPSY MED?	24b.  24b.  cause(s)	Approximinterval E Onset sn Disea	NDIN TO CAUSE
shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions. Resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending Investigation 1 Netural 2 Accident 3 Suicide 8 Could not be determined conditions. Suicide 1 CERTIFYING PHY 2 MEDICAL EXAMINER.	a. Hyper  b. DUE TO  c. DUE TO  d	tensive O (OR AS A CONSECTION OF	OUENCE O	Terios  Terios  Fi:  Fi:  The underlying the properties of the second se	ng cause given in nary Di PLACE OF DEATH (Comma SYN Residence NJURY AT IVES 2 NO Ice Its and place, and du death occured at the	C Ca  1 Part I.  S e a S heck only one 6 Other 28d. DES 28f. LOC/City of the cause time, deta	24s. WAS AN PERFORM YES 2  CRIBE HOW IN  ATTON (Street s. or Fown, State)	AUTOPSY MED?  AUTOPSY MED?  NO  AUTOPSY MED?	24b.  24b.  cause(s)	Approximinterval B Onset sn Disea  Disea  Were Autopsy F AMALABLE PRIOR OF DEATH?  ***Types**	NDIN TO CAUSE

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JUL

1	-	FOR STATE REGISTRAR
	_	

	1 - STATE REGISTRAR	SIAIE UF M					DEAT		MENTAL HYGIE! REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF OEATH
	NAOMI Stewart		ARMSTR	ONG					July 12	, 19	PRASY 93	м
			6. AGE (In yrs. last	birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		D 0	PLACE (State or Foreign
	719-90-9201	1 □ M 2 🂢 F	8	1 YRS.	MONTHS	DAYS	HOURS	MIN.		1908		Maryland
~	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	Y, TOWN C	R LOCATIO	ON OF DE	ATH	9c. COU	NTY OF DE	ATH
٥	909 Wheeler Avenue	9				Ba11	timor	e e				
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
8	Maryland				Bai	ltimo	ore					LIMITS?  1 YES 2 NO
A.	10e. STREET AND NUMBER						ZIP CODE	-		10g. CIT		HAT COUNTRY?
5	909 Wheeler Avenus	۶					2121	.6			USA	
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARM		13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No—		- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA					2   NO				Specify	<b>/</b>
	16. DECEOENT'S EDUCAT		16a, DEC	EDENT'S	USUAL O	CCUPATIO	)N		16b. KIND OF BU	ISINESS /INI	DIETRY	Black
	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(G/M	e kind of v		during mo:	st of workin	g	Too. Kind of Bo	JUNE 33/1141	JOSINI	
P.	1	Llege 5+		7	each	ner			Balto C	itv F	ubli	c Schools
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	IN COLUMN					18. MOTH	IER'S NAI	ME (First, Middle, Meider		WOII.	C SCHOOLS
BE (	Edward Augustus St	ewart							e Bland			
0	19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	AODRES	S (Street a	nd Number	or Rurel A	loute Number, City or Tov	vn, State, Zij	Code)	
	Paula Wright							Sudby	irg, MA 0			
	20e. METHOD OF DISPOSITION  1	il from State	206. PLACE AN cemetery, crem Druid	otory or o	OF DISPOS ther place)	SITION (Na	me of				City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Druid	Ria	ge C	emet	ery	S OF FAC	7/17 Ba:	ltimo	re Co	)., MD
	Van Danie				7	2501	Guvn	ns F	alls Park	Funer way	al Ho	omes, Inc.
	Theren Paule	2			I E	Balti	more	. Ma	rvland 2	1216		
	23. PART I. Enter the diseases, or cor shock, or heert fallure. Lis	nplications that it only one caus	caused the dee e on each line.	th. Do n	ot enter	the mo	de of dyl	ng, suct	as cardiac or reap	iratory en	reat,	Approximate interval Between
1	IMMEDIATE CAUSE (Final disease or condition	00	1510	11.	A .	4.4	. 1					Onset and Death
	resulting in death) a	DUE TO (	OR AS A CONSEOL	JENCE OF		yru	19	NU				
z		a co	a his	NUC	1 L	in	do	So	chn.			
일	Sequentielly list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSECU	ENCE OF	7:		)	1				
S	CAUSE (Disease or Injury	(in	nery	en	br	lu	V					
Ë	that initiated events resulting in death) LAST	DUE TO (C	LIVO-EC		,							
CERTIFICATION	d	ure										
CAL	PART II. Other algnificant conditions			sulting I	n the ur	nderlying	ceuse g	iven in i	Part I. 24s. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	Luptus		wos						1 YES :			COMPLETION OF CAUSE OF DEATH?
ME	Mypertin	$\sim$										1 TES 2 NO
ä												
PHYSICIAN: MED		IOSPITAL:	De 5		OTHE		ACE OF DE	ATH (Che	ck only one)			
14S	2 NO 1	28a, DATE OF II						sidenca (	Other (Specify)			
	1 Netural 5 Pending	(Month, Day		28b. TIMI INJ	URY M	28c. INJU	RK?	1 100	28d. OESCRIBE HOW	INJURY OC	CURED	
à	Accident Investigation  3 Suicide & Could not be	28s. PLACE OF	INJURY — At hom	e, ferm, s	treet, fact		ES 2 _	NO	28f. LOCATION (Street	and Number	or Burni Do	usto Mismboo
	4 Homicide determined	building, at	ic. (Specify)	.,,		iory, ornica	'		City or Town, State	and Number	or Hurel Ho	ute Number,
4	29a. CERTIFIER (Check only	N: To the heat of m	ny knowledne dest		d at 15 - 1	dan						
COMPLET	(Check only one)  2 MEDICAL EXAMINER:											and manner as stated
E C	296. SIGNATURE AND TITLE OF CERTIFIER	-					29c. LICE					Month, Day, Year)
<b>∞</b> ∥	Marrie 6	Marin	4 /4				7/	17	1115	≥ ~7	112	16.2
2	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)		)(		7		1100	793
	marger 9	PM	un in									8
10	31. OATE FILEO (Morith, Day, Year)	32. REGISTRAR	S SIGNATURE		81							
IIII	. Juli 1 9 1993 <i>4</i>	the wands	m- Handell	2								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or temporal minimum must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physicien. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be index within the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at nace.
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FOR 1 - STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 9:10 MM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACEYStatip or Foreign
	108/25/11
OR	90. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  BAITIMONE  9c. COUNTY OF DEATH  BAITIMONE
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY_TOWN OR LOCATION  10d. INSIDE CITY
- DIRECTOR	Md Balto 100, INSIDE CITY LIMITS?
FUNERAL	2903 Winchester St. 21216 10g. CITIZEN OF WHAT COUNTRY?
	11. MARITAL STATUS  1 Never Married  1 N
ВУ	3 Wildowed 4 Divorced Specify: Dlack
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)
OMPL	17. FATHER'S NAME (First, Middle, fast)  19. MOTHER'S NAME (First, Middle, Melden Surragne)
BE C	John Adams Jr. Itrancis Williams
٤	Donald Holams 2913 Winchester St. Balto, MD 212
	20e. METHOD of pisposition  1   Burlel   2   Cremation   3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of place)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY  A THE WEST
	Thompson JR 4300 Wabash ave
	23. PART L/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition
	disease or condition resulting in death)  a. Hepalocellular CA  2 Manths  Due to (or as a consequence of):
Z	Sequentially list conditions, 2 ives circhosis /5745
AŢ	DUE TO (DR AS A CONSEDUENCE OF):  If any, leading to immediate cause. Enter UNDERLYING  DUE TO (DR AS A CONSEDUENCE OF):  If any, leading to immediate  Leading to immediate
E S	CAUSE (Disease or Injury that Initiated events DUE TO (DR AS A CONSEDUENCE OF):
CERTIFICATION	resulting in death) LAST
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
EDICAL	PERFORMED? AMALABLE PRIOR TO COMMUNICATION OF CAUSE
	1   YES 2   NO OF DEATH? 1   YES 2   NO
Z Z	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:
, XSI	1 YES 2 NO 1 No Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  28a. DATE DF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO
8	3 Suicide 4 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  281. LOCATION (Street end Number or Rural Route Number, City or Town, State)
Ä	29s. CERTIFIER (Check only (Ch
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.
HE HE	29c. LICENSE NUMBER  29d. DATE SIGNED (Mprith, Day, Year)  7 1/5 1/3 3
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
1/3	Daeinge MO
10	1) DAR hagh MD.  31. DATE FILED (Month, Day, Yold)  32. REGISTRAR'S SIGNATURE



Sheet ly

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF HEA			YGIENE EG. NO.	20007
	1. DECEDENT'S NAME (First, Middle, Less					2. DATE OF D		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Edward Ale				JULY	14 ,1993	3 4:25 PM
	215⇔14⇔9890	5. SEX 6. AGE (A	n yrs. last birthday) YRS.		UNDER 24 HRS. DURS MIN.	7. DATE OF BI (Month, Day)	Year)	8. BIRTHPLACE (State or Foreign Country)
	8a. FACILITY NAME (If not institution, give	70	Tho.	9b. CITY, TOWN OR	OCATION OF DE		1922	Balto. MD
E C	THE JOHNS HOPKI	NS HOSPITAL		BALTIMO			Sc. COOK	TY OF DEATH
Č.	THE JOHNS HOPKI						LV PIL	
DIRECTOR	Maryland	Baltimore	10c. C11	TY, TOWN OR LOCATION	Ess	10 Y		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Store Grant Co.		10f. Zi	CODE	JEX -	10g. CITIZ	1 YES 2 X NO
FUNERAL	924 Woodlynn R	load			2	21221		United States
돌	11. MARITAL STATUS  1 [X] Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 V YES			ENT OF HISPANI		ecify Yea or No-	14. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		XNO Specify:		W(C.)	Specify:
띱	16. DECEDENT'S ED	WW II U.S	16a. DECEDENT'S	USUAL OCCUPATION		16b. KINC	OF BUSINESS/INDU	white_
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during most of se retired.)				
COMPLET	9th Grade		Chemica	al Technic	ian	Le	ver Brot	hers Corp.
	17. FATHER'S NAME (First, Middle, Lest)			10			Maiden Surname)	
BE	George Albert  190. INFORMANT'S NAME (Typo/Print)		405 44411 1016	ADDRESS (Street and		in Witt		
입	Dr. Frank Hooper	,		hodes Plac				
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE	OF DISPOSITION (Name	of		20c. LOCATION - C	
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Ra 4 🗆 Donation 8 🗆 Other (Specify)	P	atary, crematory or of arrival of the control of th	Cemetery	7/1			more, Maryland
	21. SIGNATURE OF FUMERAL SERVICE L	JCENSEE	0	22. NAME AND	DDRESS OF FAC	HLITY		Dundalk, Inc.
	1 sega	~ E Kees		7922	Wise Au	10. Du	ndalb M	D 21222
	23. PART I. Enter the diseases, or shock, or head tallure	complications that ceused List only one ceuse on se	the desth. Do	not enter the mode	of dying, auch	aa csrdisc o	or respiretory arre	eat, Approximate
	IMMEDIATE CAUSE (Final		or me.	0 -	100			Interval Between Onset and Death
	disease or condition resulting in death)	· ( )	00	(A)	ree	1		45
_		DUE TO (OR AS A	CONSEQUENCE O	F):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	f):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
E E		d						
AL	PART ii. Other algnificent condition	ons contributing to deeth bu	it not reaulting	in the underlying c	use given in F	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						_ 1 🗆	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
X						_		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1						
PHYSICIAN:	EXAMINER?	HOSPITAL:	elland 2   DOA	OTHER:	OF DEATH (Chec			
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM				E HOW INJURY OCCU	JRED
ВУ Р	1 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1 YES	2 NO			
	3 Suicide 8 Could not be	26s. PLACE OF INJURY - building, etc. (Specif	At home, term,	street, factory, office		26t. LOCATION City or Tow	(Street and Number o	or Rural Route Number,
	4 Homicide determined							
AP.		SICIAN: To the best of my knowle						
COMPLETED	2 MEDICAL EXAMIN	NER: On the basis of examination	and/or investigation	on, in my opinion, death	occured at the t	ime, date and p	place, end due to the	ceuse(e) end manner as stated;
H	29b. SIGNATURE AND THE OF CERTIFIE	ER		25	LICENSE NUM	BER	29d. DATE	SIGNED (Month, Pey, Year)
9	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF THE	TH (ITEM 27) (3	Print	6970	(a	1 7	114195
2	Shallo, W. 1	- / \$ / 1 ( 6 4	1 / 1	00/ (	1 0	( 7		1 2.2.29
'X	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE .	apel.	130	alter	rece !	nd 21(0)
	JUL 17 1993	July Swider M.	2.00	10	k			
	0	1	-	7700				DHMH-16 Rev 1/89



blh

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO film G-702 8/23/93

1	•	STATE REGISTR	AF
	1. D	ECEDENT'S	N.

9	3	2	0	8	5	8

1. DECEDENT'S NAME (First, Middle, Last Aaron	Lerov		Aver	~V	Tr.			2. DATE MONT		DAY 1 (	YEAR	3. TIME OF DEATH 12:19 P		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign		
N/A	1 M 2 - F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	15-89	)	BAL	T.MD.		
90. FACILITY NAME (If not institution, give SINAI HOSPITA			,		110.70	OR LOCATION OF THE PROPERTY OF	St. 175.1				UNTY OF C	DEATH		
RESIDENCE OF DECEDENT				Divi	O 1 1.1	10111								
10a. STATE 10b. COUN	TY		10c. CITY, TOWN OR LOCATION BALTIMORE			TON						10d. INSIDE CITY LIMITS? XX YES 2 \( \) NO		
10a. STREET AND NUMBER		101, ZIP CODE				AN OUTUTE O			TITEN OF					
5233 ST. CHARLES		10			21215			U.S.A.						
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	YES 2 NO 11 ye			S DECENDENT OF HISPANIC ORIGINAL SPECIFIC Cuban, Markean, Puetto YES 2 NO Specify:			HGIN? (Specify Yes or No-14 Ho Rican, atc.)		14. RAC Blec Spec	14. RACE — American Indian, Black, White, etc. Specify: BLACK			
15. DECEDENT'S ED		16a. D	16a. DECEDENT'S USUAL OC		CCUPATIO	ON of working		16b	16b. KIND OF BUSINESS/INDUS		IDUSTRY			
Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.)			ny .	N/A							
17. FATHER'S NAME (First, Middle, Last) AARON L. AVERY											AME (First, Middle, Meiden Sumame) DDORA POWELL			
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	G ADDRESS	(Street a	nd Number	or Rural I	Route Num	ber, City or To	wn, State, Z	(jp_Code)			
THEODORA POWELL			5233	ST. (	CHAR	LES	AVE.	BAL	T, MD	. 212	15			
20a. METHOD OF DISPOSITION   © Burlet 2 Cremation 3 Re  4 Donation 5 Other (Specify)	moval from 300%	206. PLACE		of DISPOSI			JUL	Y 93		OCATION -		own, State		
. (							MERA	TT HO						
23. PART I. Enter the diseases, or	complications the	lus	leath. Do	B	ALTI	MORE	MD.	212	MES PKWA 16			Approximata		
23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in deeth)	a. METHADON	use on each lin	CATION	not enter	ALTI	MORE	MD.	212	16			Interval Betw		
IMMEDIATE CAUSE (Final disease or condition	a. METHADON DUE TO	VE INTOXIC	CATION EQUENCE C	not enter	ALTI	MORE	MD.	212	16			Interval Between		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. METHADON DUE TO	NE INTOXICO (OR AS A CONSI	CATION EQUENCE C	not enter	ALTI	MORE	MD.	212	16			Interval Between		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. METHADON DUE TO  b. DUE TO  c. DUE TO	VE INTOXIO O OR AS A CONSI	EQUENCE C	B/not enter	AT.TT the mo	MORE de of dyl	ing, suci	212	16 diac or resi	N AUTOPSY NAMED?	rreat,	Interval Betwo		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. METHADON DUE TO  b. DUE TO  c. DUE TO	VE INTOXIO O OR AS A CONSI	EQUENCE C	B/not enter	AT.T.I	MORE de of dyl	MD.	Part I.	24a. WAS A PERFC	N AUTOPSY NAMED?	rreat,	D. WERE AUTOPSY FINOIS AMAILABLE PRIOR TO COMPLETION OF CAUS		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. METHADON DUE TO  b. DUE TO  d. DUE TO	VE INTOXI( D) OR AS A CONSI D) (OR AS A CONSI D) (OR AS A CONSI D) (OR AS A CONSI D) death but not	CATION EQUENCE C EQUENCE C resulting	P/P:  DF):  In the un	ATTTI the mo	MORE de of dy	mg, such	Part I.	24e. WAS A PERFC	N AUTOPSY NAMED?	rreat,	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. METHADON  DUE TO  b. DUE TO  d. DUE TO  HOSPITAL:  1   Inpetient 2 (	VE INTOXIC O (OR AS A CONSI	EQUENCE C	B/not enter  PF):  In the Un  OTHER 4   Num	AT.T.T the mo	G ceuse (	mg, such	Part I.	24e. WAS A PERFC YES	N AUTOPS) PRIMED?	rreat,	D. WERE AUTOPSY FINOIN AMAILABLE PRIOR TO COMPILETION OF CAUSO OF DEATH?		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the cause. Examiner?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. METHADON DUE TO b. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE T	VE INTOXIO O OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	EQUENCE C  EQUENCE C  resulting  3 □ DOA  28b. Till	DF):  OF):  OTHER 4 □ Num  ME OF  JURY M	26. PL	G ceuse (	given in	Part I.	24a. WAS A PERFC YES	N AUTOPS) PRIMED?	rreat,	D. WERE AUTOPSY FINOIS AMAILABLE PRIOR TO COMPLETION OF CAUS		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation.	a. METHADON DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1   Inpatient 2 ( 28a. DATE OI (Month, I) 28a. PLACE	VE INTOXIC O (OR AS A CONSI	EQUENCE C EQUENCE C  resulting  3 □ DOA  20b. Till UNKA	DF):  OTHER 4 Num ME OF JURY HOWN	26. PL	G Ceuse (  ACE OF D  B 5 B R  URY AT  RK?  YES 2	given in	Part I.	24a. WAS A PERFC YES	N AUTOPSY 2 NO	7 244	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed with the flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 4, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

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JUL 19

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAF ERTIF	RTMENT	OF H	EALTH ANI DEATH	D ME	NTAL HYGIEN		93	2085
	1. DECEDENT'S NAME (First, Middle, Lest)  CARLT. AMT							\	DATE OF DEATH DA	17	93 8	TIME OF DEATH
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 212-72-8978	5. SEX 1 ⊠ M 2 □ F	6. AGE (In yrs. les 35 34	YRS.		DAYS	IF UNDER 24 HRS	17.7	AN 14 19	58	Country)	SYLVANIA
	9a. FACILITY NAME (If not institution, give s UNIVERSITY HOSPI RESIDENCE OF DECEDENT				9b. CITY, TOWN OR LOCATION OF DEBALTIMORE, MD.					9c. COUNT	Y OF DEAT	
	10e. STATE 10b. COUNTY MARYLAND	1			ETY, TOWN OR LOCATION							d. INSIDE CITY LIMITS?  VY YES 2 NO
	100. STREET AND NUMBER 5536 PLAINFIELD A	VENUE				101. ZIP CODE 10g. CITIZEN OF WHAT CO USA					T COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Drivorced	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YES 2 X	MED 10	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:					Black, W	American Indian, hita, etc.	
	(Specify only highest grade completed) (Gh Elementary/Secondary (0-12) College (1-4 or 5 +)				S USUAL OCCUPATION If work done during most of working use retired.)  FICE MANAGER							
E COMI	12 OFFICE MAY 17. FATHER'S NAME (First, Middle, Last) HARRY WEBSTER AMTOWER						16. MOTHER'S	MOTHER'S NAME (First, Middle, Melden Surneme)  RUTH CARROLL GUNTHER				
TO BE	199. INFORMANT'S NAME (Type/Print)  GLORIA AMTOWER  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  5536 PLAINFIELD AVENUE BALTIMORE, MD. 21206								206			
	20a. METHOD OF DISPOSITION 1   Burlai   2 XIC remetion   3   Removal from State 4   Donation   5   Other (Specify)   TOWSON, MD.											
	JOHN E. DOLAN LEONARD J. RUCK, INC. 5305 HARFORD ROAD BALTIMORE, MD. 21214											
	23. FART I. Enter the diseases, or one shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceus	caused the date on each line.	bon	石石			uch ae	e cerdiac or reepl	ratory arres	it,	Approximate Interval Between Onset and Death 3days
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSECUTION AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF	DUENCE OF	A Pi	11	7045	L	EuKerr	niA		lwk 8mos.
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to deeth but not reculting in the underlying cause given in Part I.  RENAL insufficiency, 3P Autologous  Yes 2 No  1 Yes 2 No									MILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	L 26. PLACE OF DEATH (Check only one)  NOSPITAL: OTHER: Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
ВУ РНУ	27. MANNER OF DEATH  Natural 5 Pending 2 Accident Investigation	Pending 28s. DATE OF INJURY (Month, Day, Veer)			ME OF JURY AT WORK?  M 1 YES 2 NO			26d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be detarmined  28a. PLACE OF INJURY — At home, farm, building, etc. (Specify)					street, factory, office 281. LOCATION (Street and Number or Rural Ro- City or Town, State)			Rural Route	Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of m										d manner as stated.
Ü,	296. SIGNATURE AND DITE OF MENTIFIER	_//	0		_		29c. LICENSE N					onthy Day, Year)

Uniu. of

32 REGISTRAR'S SIGNATURE

14

	1 - FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AN ERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.	20000
	1. DECEDENT'S NAME (First, Middle, Last)  Mauri L	A154	ten	2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-60-5570	5. SEX 6. AGE (In yrs. In:	st birthday) IF UNDER 1 YEAR IF UNDER 24 HI YRS. MONTHS DAYS HOURS SAN	March Dr. Wd	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give st CHURCH HOSPITAI		BALTIMORE (		Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	H By	101, ZIP CODE 2/2	11/	1. YES 2 □ NO EN OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, specify Cuban, Me	SPANIC ORIGIN? (Specify Yes or No— 1- oxican, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL OCCUPATION Sive kind of work done during most of working a. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUS	STRY
BE COM	17. FATHER'S NAME (First, Middle, Last)	Unton	Eld	S NAME (First, Middle, Malden Surname)	ock
5	199. INFORMANT'S NAME (Type/Print)	10 LOCK Alston	BRANCH	water Belt	M/21213
	Burial 2 Cremation 2 Remo	ovel from State camegary or	AND DATE OF DISPOSITION (Name of the page)	TITE LANDS	OWNE, Md
9	- Timoth	lambon	Locke F.	unewl Vm /13	304 N central u
	shock, or heart failure. I	List only Dne cause on each line	0 )	Such as cardiac or respiratory arres	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	sindrume. prouvnia Lu	m absen.	
SP SP	PART II. Other significant condition  A 1 D  HIO E TOI	2	resulting in the underlying cause given	1 In Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 MAG  27. MANNER OF DEATH	HOSBITAL: 1 Impetient 2 ER/Outpetient 3 26s. DATE OF INJURY	26b. TIME OF 28c. INJURY AT	The same state of the same	RED
B	1	(Month, Day, Year)  28e. PLACE OF INJURY — At he building, etc. (Specify)	INJURY M 1 YES 2 NO ome, farm, street, factory, office	281. LOCATION (Street and Number or City or Town, State)	Aural Route Number,
COMPLETED			eath occurred at the time, date and place, and investigation, in my opinion, death occured at		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  KHALLY  30. NAME ANGADDRIPS OF PERSON JUST	TALIS MIN 8		NUMBER 29d, DATE S	BIGNED (Morth, Day, Year) B; 20 an
	948448XEXC	sols Dr.	KHALLO ALFalis	, Church Home !	topital Raltime

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTIAN			LITTI	CATE	I DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Las ERIC	" BRA	НМ				JULY 15,	1,003	3. TIME OF DEATH 6:50 a.m			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs.	lest birthday)	IF UNDER 1 YE.	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	145-66-5256	1 XM 2 F	30	YRS.	MONTHS DA	/S HOURS MIN.	(Month, Day, Year) 10/16/196	52 N	ew Jersey			
OR	9e. FACILITY NAME (If not institution, give THE JOHNS HOPK	,	AL			MORE CITY	DEATH		Y OF DEATH MORE CITY			
בַ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	274		1					10d, INSIDE CITY			
DIRECTOR	MD Baltimore											
AL	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	3121 N Calvert	Street				21218		U.S.	A			
5	11. MARITAL STATUS	12. WAS DECEDENT & FORCES? 1			13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yes	or No-	4. RACE — American Indian, Black, White, atc.			
ВҰ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	X		YES 2X NO Spec			Specify: White			
ED	15. DECEDENT'S ED (Specify only highest gra-		18a. (	DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INDUS	STRY			
PLET	Elementary/Secondary (0-12) 12 Years	2 Years		lhii. Do NOT us	nagemen		Restu	rant				
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maiden	Surname)				
BE C	Ernest Theodore	brahm				Lois J	ean Van Der	Veer				
	19a. INFORMANT'S NAME (Type/Print)		,	19b. MAILING	ADDRESS (Str		Route Number, City or Tow		ode)			
5	William Poffel			3121	Calver	t Street	Baltimore M	ID. 21	218			
1	20e. METHOD OF DISPOSITION	movel from State	20b. PLAC	E AND DATE	F DISPOSITION	I (Name of			y or Town, Sista			
	1   Burlel 2 N Cremation 3   Removal from Stale   Cremetory, cremetory or other piece)   Greenmount Crematory   07/16/93   Baltimore M											
	21. SIGNATURE OF FUNERAL SERVICE, LICENSEE 22. NAME AND ADDRESS OF FACILIT Dippel funeral Hor											
l l	1 manti	(4H)	no	2	71	10 Belair	road Balti	more N	MD 21206			
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C. MM4NOSUPPRESSION)											
임	CAUSE (Disease or Injury	C. IMMIUNO	R AS A CONS	EQUENCE OF	٦.				TOTICS			
E	that initiated eventa resulting in death) LAST	. Acous	m	MMUI	VODE	TOPNOY	SYNDRO	ML	YEARS			
S		1						TE.	10,000			
MEDICAL	PART II. Other algnificant condition	ons contributing to da	ath but not	t reaulting i	n the undari	ying cauaa given is	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO			
							_		10 100			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26	. PLACE OF DEATH (C	heck only one)					
SICI	1 TES 2 NO	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHER:	forne 5 🗆 Residence	8 Other (Specify)					
PHY	27. MANNER OF DEATH	26a. DATE OF IN. (Month, Day,		28b. TIM		INJURY AT	28d. DESCRIBE HOW I	NJURY OCCUP	RED			
> 1	1 Natural 5 Pending 2 Accident Investigation		.500)	l ins		WORK?  YES 2 NO						
TED B	2 Accident investigation 3 Suicide 6 Could not be determined  28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)  28b. LOCATION (Street and Number or Rural Rot City or Town, State)											
OMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											
29c. LICENSE NUMBER 29d. DATE SIGNED												
										10	30. NAME AND ADDRESS OF PERSON WHO GOMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  CAROL ANN HUF, M.D., 600 N. WOUGE ST. BAYMARE MD 2138	
2	31. PATE FILED (Month, Day, Year)  17 1993	32. REDSTRAR'S	SIGNATURE	9	00 10	W 0 4-B	JI. B	AUIM	LORCE MUZIS			
2	JUL [7 <b>19</b> 93	gulla Davidson	_pandal	No.								

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N		permit Pages 1,-2, 3 should		
BALTIMORE, MARYLAND 21215-0020	Fhours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should ith the State Dept, of Mental Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Meatth and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO		2086
DENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH D.	AY YEAR	3. TIME OF DEAT

THE CONTROL OF DEATH  THE CONTROL OF
A DOCAL SECURITY NAME (IF ord similarity)  So. PACILITY NAME (IF ord similarity)  So. PACILITY NAME (IF ord similarity)  So. PACILITY NAME (IF ord similarity)  So. PACILITY NAME (IF ord similarity)  So. PACILITY NAME (IF ord similarity)  So. PACILITY NAME (IF ord similarity)  So. PACILITY NAME (IF ord similarity)  So. COLVENTY OF DEATH  So. C
BOUND THE PROPERTY NAME (PT ALMED (PT ALMED CONTROL OF BEATH AND CONTROL
Security MANE (in the intension, give store and number)  Security TOWN OR LOCATION OF DEATH  SECURITY STATE (PERCENT)  Security TOWN OR LOCATION  BALTY TIMORE CITY  Security Town OR LOCATION  BALTY TIMORE CITY  Security Town OR LOCATION  Security Town OR Location  Security Town OR LOCATION  Security Town OR Location
THE STATE OF DISCREDING STATE OF THE STATE O
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TO STREET AND NUMBER  100 .20 PCODE
TO Describe to Describe the Conditions of Part I and Conditions that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest.    MARCO   Part I and Conditions   Part I are conditions   Part I and Conditions   Part
TO Describe to Describe the Conditions of Part I and Conditions that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest.    MARCO   Part I and Conditions   Part I are conditions   Part I and Conditions   Part
TO Describe to Describe the Conditions of Part I and Conditions that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest.    MARCO   Part I and Conditions   Part I are conditions   Part I and Conditions   Part
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St. DECEDENT'S BUCKATION   Tophody noty imposite grades completed)   Tell. DECEDENT'S USUAL OCCUPATION   Tophody noty imposite grades completed)   Tell. DECEDENT'S USUAL OCCUPATION   Tophody noty imposite grades completed)   Tell. MINISTER NAME (Part. Mindolla, Last)   Tophody noty in product of working files. Do NOT use releval.   Tophody noty in product of working files. Do NOT use releval.   Tophody noty in product of working files. Do NOT use releval.   Tophody noty in product of working files. Do NOT use releval.   Tophody noty in product of working files. Do NOT use releval.   Tophody noty in product of working files. Do NOT use releval.   Tophody noty in product of working files. Do NOT use releval.   Tophody noty in product of working files. Do NOT use releval.   Tophody noty in product of working files. Do NOT use relevant files.   Tophody noty in product of working files. Do NOT use relevant files.   Tophody noty in product files.
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10HN J   MOESLETN   NORTH NAME (P)perPrint)   19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Street, State, 2p Code)
198. NATURE AT CAUSE (Figure Time Manager of Part In Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part 1.  208. NAS CASE REFERENCE TO MEDICAL EXAMINERY  199. NAS CASE REFERENCE TO MEDICAL EXAMINE
CHARLES   BRADENBAUGH JR.   1510 KENNEWICK ROAD BALTIMORE, MD. 21218  20b. PETROD OF DISPOSITION   Permoval from State   20b. PLACE AND DATE of DISPOSITION   Manual of DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE of DISPOSITION   Manual of DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE of DISPOSITION   Manual of DATE   20c. LOCATION — City or Town, State   20b. PLACE AND DATE of DISPOSITION   Manual of DATE   20c. LOCATION — City or Town, State   20c. Location — City or Town, State
20a. METHOD OF DISPOSITION   Name of   20c. LOCATION — City or Town, States   20c. Docation   20c. Doc
Sequentially list conditions, family list conditions, resulting in death) Last   Due to (or as a consequence of):
22. NAME AND ADDRESS OF FACILITY LEONARD J. RUCK, INC.  5305 HARFORD ROAD BALTIMORE, MD. 21214  21. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervial Between Onset and Death  Approximate intervial Between Consettion resulting in death)  Due to (or as a conscouence of):  Due to (or
22. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on asch lins.    IMMEDIATE CAUSE (Final diseases or condition resulting in desth)   Due to (or as a consequence of):    Sequentiality list conditions, if sry, leading to immediate cause. Enter UNDERTLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST    PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.   24a. WAS AN AUTOPSY PRIDMOS AND PERFORMED?   Due to (or as a consequence of):    PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.   24a. WAS AN AUTOPSY PRIDMOS AND PERFORMED?   Due to (or as a consequence of):    PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.   24a. WAS AN AUTOPSY PRIDMOS AND PERFORMED?   Due to (or as a consequence of):    2a. PLACE OF DEATH (Check only one)   25a. WAS CASE REFERRED TO MEDICAL   EXAMINER?   DUE TO (OR AS A CONSEQUENCE OF):    2a. PLACE OF DEATH (Check only one)   Completion of Cause of Death (Check only one)   Due to (or as a consequence of):   1
Approximate shock, or heart fellure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  DUE TO (OR AS A CONSEQUENCE OF):  24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 DAO  26c. PLACE OF DEATH (Check only one)  27c. MANNER OF DEATH  1 Winding Home 5 Death (Check only one)  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28c. DIAS CONSEQUENCE OF):  28d. DESCRIBE NOW INJURY OCCURED  WORK?  1 DATE CONSEQUENCE OF):  28d. DESCRIBE NOW INJURY OCCURED  1 VES 2 DNO  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERILYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions  AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATIN (Prock only one)  25. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1   YES 2   NO  26. PLACE OF DEATN (Prock only one)  27. MANNER OF DEATN  1   What II   YES 2   NO  28. DIACE OF INJURY  MORRY  1   YES 2   NO  28. DIACE OF INJURY  MORRY  1   YES 2   NO  28. DIACE OF INJURY  MORRY  1   YES 2   NO  29. DIACE OF INJURY  MORRY  1   YES 2   NO  20. DESCRIBE NOW INJURY OCCURED
disease or condition resulting in death)  Due to (or as a consequence of):
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1
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PART II. Other algnificant conditions contributing to death but not resulting in the undarlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1
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PART II. Other algnificant conditions contributing to death but not resulting in the undarlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1
AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Ves 2   NO  28. DATE OF INJURY (Morth, Day, Vest)  28. DATE OF INJURY AT WORK?  1   Vest 2   NO  28. DATE OF INJURY AT WORK?  1   Vest 2   NO  28. DATE OF INJURY AT WORK?  1   Vest 2   NO  28. DATE OF INJURY AT WORK?  1   Vest 2   NO
TO DEATH?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Morth, Dely, Year)  28. DATE OF INJURY (Morth, Dely, Year)  28. DATE OF INJURY M   YES 2   NO  28. DATE OF INJURY WORK?  1   YES 2   NO  COMPLETION OF CAUSE OF DEATH  1   YES 2   NO  COMPLETION OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF C
2 Accident Investigation M 1 YES 2 NO
2 Accident Investigation M 1 YES 2 NO
2 Accident Investigation M 1 YES 2 NO
2 Accident Investigation M 1 YES 2 NO
2 Accident Investigation M 1 YES 2 NO
4 Nomicide determined City or rown, State)
29s. CERTIFIER
Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogith, Day, Year)
0 1/16/93
DE DE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
100 M- Brown Church Hospital BALT, MD 2123/ 31. DATE FILED (Month, Day, Year) 32/REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020	FICTAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PLYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL UNBOARD THE COMPLETE AND THE CONTRICATE has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedioThAn	CENTIF	TOATE U	DEALL	REG. NO					
110	1. DECEDENT'S NAME (First, Middle, Last) Robert Bout Rober	t Leland	d Bart		2. DATE OF DEATH MONTH D	AV YEAR 14 93	3. TIME OF DEATH			
	770 00 0001	E (In yrs. lest birthdey) 76 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 4/23/17	8. BIRT	HPLACE (State or Foreign iny)			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWI	OR LOCATION OF DE		9c. COUNTY OF D	PATH			
E E	Mercy tospital		Sterne .	imore.		City				
18	RESIDENCE OF DECEDENT		3000.	.,,,,,		<u> </u>	ty			
Ĭ.	10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOC	ATION			10d. INSIDE CITY			
L DIRECTOR	MD Baltimore	1 '	lonk			1 /ES 2 NO				
FUNERAL	16017 Corroll Ra			2-1111	10g. CITIZEN OF WHAT COUNTRY?					
5	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 X YE		13. WAS D	ECENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, k, Whits, atc.			
ВУ	1 Never Married 2 Married IF YES, GIVE WAR OR  3 Wildowed 4 Divorced	DATES		specify Cuban, Maxical S 2 NO Specify			"Hy: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY										
Elementary/Secondary (0-12) College (1-4 or 5+)  4 Years  Engineer  BG&E Company  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
Ö	17. FATHER'S NAME (First, Middle, Last)			7	ME (First, Middle, Maiden		<u> </u>			
BE	John Walters Bartko	owski		Mar	ie Lillia	an Smaa	a			
	19a, INFORMANT'S NAME (Type/Print)		ADDRESS (Street	and Number or Rural F	loute Number, City or Town	state Zin Code	<u>u</u>			
2	Robert Leland Bart, Jr.						4 4 4			
- 1		0b. PLACE AND DATE			Monkton	CATION — City or To				
	20s. METHOD OF DISPOSITION 1 □ Burlal 2 \( \tilde{\	ematery, crematory or o	or bisposition ( other place) Cemator	vama or	7/15 Ra	tation — the or to	, MD 21228			
	21. SIGNATURE OFFUNERAL SERVICE DICENSES		22. NAME	and address of Fac	YTLIK					
	George E. MacNabb		Crem	ation Se Frederi	ociety of ck Rd. Ba	f Md,In	C. D 21228			
	23. PART I. Entar tha diseases, or complications that ceus	ed the death. Do	not entar the n	oda of dying, such	sa cardiac or respi	ratory arrest.	Approximata			
	anock, of heart failure. List only one ceuse on	aach Ilna.					Interval Between			
	IMMEDIATE CAUSE (Fine) disease or condition	1	-/-	10.6	/	1/	Onset and Death			
ŀ	resulting in death)  DUE TO (OR AS	A CONSEQUENCE O	zerna	1 suo	nacun	old hem	4/14/43			
_	disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate	110 .C	mum ur	ication	Auto	Annoca	96/30			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	A CONSEQUENCE O	F):	· · · · · · · · · · · · · · · · · · ·	Aricuj	- newy	m, '			
S	cause, Enter UNDERLYING CAUSE (Disease or Injury			O						
드	that Initiated events OUE TO (OR AS	A CONSEQUENCE O	F):							
E	resulting in daeth) LAST									
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EDICAL	PART II. Other eigniticant conditions contributing to death			ng cause given in i	Part I. 24s. WAS AN PERFOR		. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
ă	COLD, MONT,	CABG	75		1 TES 2	NO NO	COMPLETION OF CAUSE OF DEATH?			
ME							1 TYES 2 NO			
ž										
₹ I	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Che	ck only one)					
PHYSICIAN:	EXAMINER?  1   YES 2   NO   1   X tripetient 2   ER/Ou	tpatient 3 DOA	OTHER:	me 5 🗆 Rasidence						
主	27. MANNER OF DEATH 26a. DATE OF INJURY			IJURY AT	28d. DESCRIBE HOW IN	IIIBY OCCUPED				
	1 Natural 5 Pending (Month, Day, Year)		JURY V	ORK? YES 2 NO	Zou. Degoring 110W II	SONT OCCORED				
BY	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJUR	RY — At home, farm,			28f. LOCATION (Street s	ad Number or Burnt I	Pours Alumbur			
COMPLETED	4 Homicide determined building, atc. (Sp	ecify)			City or Town, State)	nd Number of Horer F	ioute Number,			
9	29s. CERTIFIER AND CERTIFYING PHYSICIAN, TO the bank of									
₹	CERTIFIER  Check only  One)  O						erycan Intern			
8	one) 2 MEDICAL EXAMINER: On the basis of sxaminati	on and/or investigatio	,, in my opinion,				CO. Leaves Co. Co.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11.	. 1 15	29c. LICENSE NUM	BER UMaryland	29d. OATE SIGNED	(Month., Day, Year)			
2		Murph			5MM93	7/1	4/93			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	1114 8.1	Cenuso	Ave				
	MARGARET STOBHANM		MD	Baltin	nore M	D 2122	14			
	JULE FILED (Month Day Jour)  JULE 19 1993 Julia Devilation	WAY TO								

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	TOATE	DEATH		REG. N	٠.			
I. DECEDENT'S HAME (First, Middle, Last)						MON	E OF DEATH	DAY	YEAR	3. TIME OF D	EATH
DORIS		BROOKS				07	11	199		2:40	P
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER 1 YEA		7. DATI	of BIRTH	5	S. BIRTI	rth C	ar.
98. FACILITY NAME (If not institution, give sired and number)  99. CTY, TOWN OR LOCATION OF DEATH  90. COUNTY O  BALTIMORE  BALTIMORE  BALTIMORE											
ide. STATE 10b. COUNT	timore			ry, TOWN OR LO					10d. INSIDE CITY		
00. STREET AND HUMBER	CTIIIOTE		1 00	11011110	101. ZIP CODE			10g. CIT	IZEH OF	1 NES 2	_
5511 Bowleys L	ane	UT EVED IN 11 C	ADMED	42 MMP (	21206	ANIC OBIO	1010 100 14 M		USA		
Never Married 2 Married Wildowed 4 Divorced	FORCES? 1	YES 2	XNO	If yes,	apacify Cuban, Men ES 2 NO Spe	ican, Puerto		es or Ho—	Blac	E — American I k, White, atc.	
15. DECEDENT'S EDU (Specify only highest grade		18a	(Give kind of	USUAL OCCUPA work done during	TION most of working	16	b. KIND OF B	USINESS/IN	OUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Dome	estic							
7. FATHER'S HAME (First, Middle, Last)					18. MOTHER'S	HAME (First,	Middle, Maide	n Surname)	Hari	1	
9a. IHFORMANT'S NAME (Type/Print)			19b. MAJLING	G ADDRESS (Stre	et and Number or Rui	ni Route Nur	nber, City or To	wn, State, Zi	p Code)		
ALONZO BROOKS					ys Lane					.206	
De. METHOD OF DISPOSITION	oval from State			OF DISPOSITION	CEM.	7/16	/93	OCATION -	-		MD
Donation 5 ☐ Other (Specify)											
	confolications that	use on each	death. Do	MAR	AND ADDRESS OF CH F/H mode of dying, a	EAST	rdiec or res	piratory ar	reat,	Approx	Betw
Donation 5 Other (Specify)  M. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that List only one cast a. OUE TO b. DUE TO c.	at caused the	a death. Do line.  FOT HEEOUENCE O	MAR not enter the interpretation of the inte	CH F/H	EAST	rdiec or res	piratory ar	reat,	Approx	Betw
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Donation 5 Other (Specify)  M. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentlelly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO  DUE TO  d.	at caused the use on each 2/0 S C O (OR AS A CO) OR AS A CO) OR AS A CO)	A death. Do line.  WE POT HEEOUENCE O	MAR not enter the interpretation of the inte	CH F/H mode of dying, a	EAST uch as ce	AR 24e. WAS A	PIST NAUTOPSY PRIMEO?	PAS	Approvinterva Oneet	Y FINDIO OF TO OF CAUS
Donation 5 Other (Specify)  H. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMMER?	a. OUE TO  DUE TO  d.	at caused the use on each 2/0 S C O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	a death. Do line.  WE POT HEEOUENCE OF HEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEEOUENCE OF HEOUENCE OF HEEOUENCE OF H	MAR not enter the land of the	CH F/H mode of dying, a	EAST uch as ce	24a. WAS A PERFC 1 YES	PIST NAUTOPSY PRIMEO?	PAS	Approvinterva Onset	Y FINDS
Donation 5 Other (Specify)  M. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  **EXAMINER?**  **EXAMINER OF DEATH**  1 Natural 5 Pending	a. APPLA  OUE TO  B. DUE TO  C. DUE TO  d. HOSPITAL:	at caused the use on each 2/0 S C O (OR AS A COM) (OR AS A	a death. Do line.  POT HEEDUENCE OF HEEDUENC	MAR not enter the land of the	CH F/H mode of dying, a	EAST uch as ce  3CUL In Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMEO?	Teat,	Approvinterva Onset	Y FINDIO OF TO OF CAUS
Donation 5 Other (Specify)  M. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  XYES 2 NO  7. MAHHER OF DEATH  1 Natural 5 Pending	a. OUE TO b. DUE TO c. DUE TO d	at caused the use on each 2/0 \$ C (OR AS A CO) (OR AS A C	A death. Do line.  WE POT HEEDUENCE OF HEEDU	MAR not enter the land of the	CH F/H mode of dying, a  RD D VA  Ing ceuse given  PLACE OF DEATH ome 5 Resident HJURY AT WORK?	EAST uch as ce  3CUL in Part I.  Check only a e a □ Oth 28d. Di	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMEO?  2 HO  INJURY OC	24b	Approvinterva Oneet  D. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?  1 YES 2	Y FINDS
Donation 5 Other (Specify)  M. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  16. WAS CASE REFERRED TO MEDICAL EXAMINER?  17. MAHHER OF DEATH  18. Natural 5 Pending investigation 12 Accident 13 Suicide 15 Could not be	Complications the List only one case a. OUE TO b. OUE TO c. DUE TO d	at caused the use on each 2/0 S C C C C C C C C C C C C C C C C C C	a death. Do line.  REPOT HISEOUENCE OF HISEO	MAR  not enter the i  C (A)  WF):  FF):  In the underly  OTHER: 4   Nursing H  AE OF 28c.  JURY M 1    street, factory, or	CH F/H mode of dying, a  RD D VA  Ing ceuse given  PLACE OF DEATH  OHLURY AT  WORK?  YES 2 NO	EAST uch as ce  3 CUL In Part I.  Check only of 28d. Di 28f. LO City	24a. WAS A PERFC 1 YES	N AUTOPSY RIMEO?  2 HO  INJURY OCCUPANT AND AND AND AND AND AND AND AND AND AND	24th	Approvinterva Onset	Y FINOR TO A TO A TO A TO A TO A TO A TO A TO
Donation 5 Other (Specify)  A. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or a shock, or heart failure.  MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentlelly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  WYES 2 NO  7. MAHHER OF DEATH  1 Natural 5 Pending investigation  3 Suicide 8 Could not be detarmined  9a. CERTIFIER (Check only)  1 CERTIFYING PHYSICAL COURSE LEARNING PHYSICAL COURSE	a. OUE TO b. OUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. PLACE C building. ICIAN: To the best of a	at caused the use on each 240 S C O (OR AS A CO) (OR AS A	a death. Do line.  If POT HEOUENCE OF HEOU	MAR  not enter the interpretation of the underly  26.  OTHER: All Nursing H  Street, factory, or and at the time, do not, in my opinion	CH F/H mode of dying, a  RD D VA  Ing ceuse given  PLACE OF DEATH  OHLURY AT  WORK?  YES 2 NO	EAST  uch as ce  Check only of a lother time, defined time	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMEO? 2 HO 2 INJURY OC t and Number of and dua to till 29d. DAT	24b	Approvinterva Onset	Y FINDING DO TO OFF CAUS NO

and the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OR JUTHOUNDED COLLAND. The law requires that the death certificate be executed within. Fours after death, Page 6 may be retained by the bosp TO THE FLINERAL DESCRIPTION AND THE MASS AND THE FLINERAL DESCRIPTION AND THE MASS

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

3. TIME OF OEATH

3 YEAR

2. DATE OF OEATH

		Lillie Mae								MONT	/11/	93	YEAR	M
		4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. In		IF UNDE	1 YEAR	IF UNDER	24 HRS.	7. DATE (Month	2/15/2	0	Country)	ACE (State or Foreign
p		212-30-8205  9e. FACILITY NAME (If not inetitution, give	1 □ M 2 💢 F	72	YRS.	21. 22					2/15/			Carolina
2, 3 should	TOR	200 Chestnut S						MOLE	ON OF DE			9c. COUNT	Y OF DEAT	н
. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT MD	TY		10c. CIT	y, town . Balti	OR LOCAT	TION 2	MD					1. INSIDE CITY LIMITS? YES 2 NO
ermit.		10e. STREET AND NUMBER					101	. ZIP COD	E	-		10g. CITIZE		T COUNTRY?
T. unsit p	ER	200 Chestnut	Street					212	222	U.S.A.				
215-0020 attending physician. se as the burial-transit permit.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE		If yes, sp	ecify Cube		, Puerto	17 (Specify Ye Rican, atc.)	s or No — 1	Black, W	American Indian, hite, atc.		
	COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5	(5	ECEOENT'S Give kind of e. Do NOT u	work done			ng	18b	KINO OF BU	SINESS/INDU	STRY	
hospital lached fo	MP	8th			Don	nesti	C							
YLA by the be de	ш	17. FATHER'S NAME (First, Middle, Lest)  Albert B. Tay	lor Sr.						Mary		Middle, Melden Clende			
MA retain 5 sho notifi	TO B	190. INFORMANT'S NAME (Type/Print)  Daniel Tay	lor		Rt-1				Morv			vn, State, Zip C 2811		
ORE e 6 may ector, pa		20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	noval from State	20b. PLACE cometery, or Ple					Cem.	DAT		sonvil		N.C.
BALTIMORE, after death. Page 6 may be by the funeral director, page moval. cal examiner must be		21. SIGNATURE OF FUNERAL SERVICE L	CLARA			22.	NAME AN	ID ADDRE	SS OF FAC	YTLITY	101 5	. Nort	1- 2	
eath certificate be executed within cours after attending physician and completely filled in by the natal Hygiene prior to burial, cremation, or removaly, or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):											Approximata Interval Between Onset and Death	
LECORDS  uires that the d signed by the Health and Me	MEDICAL CE	PART II. Other eignificant condition	na contributing to	death but not	reaulting	in the u	nderlying	g cause (	given in I	Part I.	24a. WAS AN PERFOI 1 UYES 2	RMED?	AMI CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH? TYES 2 TO NO
S Sh	ä													
or Item 2	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Che	ck only or	10)			
HYSIGHT CONTINUES CONTINUE	PHYSICIA	1 TYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 [ 28a. DATE Of (Month, I		28b. Tife	4 🗆 Nu	28c. INJ WO		NO.			INJURY OCCU	RED	
ISIC TTENDI TOR: A after d after d	TED BY	Accident Investigation    Accident Investigation	28e. PLACE ( building	28e. PLACE OF INJURY — At home, ferm, street, fectory, building, etc. (Specify)						261. LOC City	ATION (Street or Town, State)	ION (Street and Number or Rural Route Number, Town, State)		
	COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of a											d menner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	O BE C	296. SIGNATURE AND TITLE OF CERTIFIC	mell	1110				29c. LICI	ENSE NUM	7 40	7	29d. DATE 5	BIONED (MO	orth, Day, Year)
	F	Anthous itari	11 -		Cud		AL	KE	P	VHA	lall.	Md	, 21.	222
0		31. DATE FILED (Wonth, Day, Year)  JUL7 1 9 1993		AR'S SIGNATURE										
		6												DHMH-16 Rev 1/89

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FOR STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 20866

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH				
	Marvin		Bro			07	10 1993	11:00				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea) 3/11/6	7)	BIRTHPLACE (State or Form Country)  Maryland				
~	9a. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF D		9c. COUNTY	OF DEATH				
ECTOR	1619 N. Gay	Street		Balt.	imore C	ity	Balt	imore				
REC	10a. STATE 10b. COUNT			TOWN OR LOCA			10d. INSIDE CITY					
DIR		imore	Balt	imore				1 X YES 2 -				
FUNERAL	10a. STREET AND NUMBER 5951 DAYWALT			2	1206		US					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	If yes, a	CENDENT OF HISPAI pecify Cuban, Maxica S 2 X NO Specif	NIC ORIGIN? (Specify in, Puerto Rican, etc. y:	Yes or No— 14.	RACE — American India: Black, White, etc. Specify: BLACK				
PLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 12th grade		16a. DECEDENT'S U: (Give kind of wo. life. Do NOT use	k done during m	ION ost of working	16b. KIND OF	BUSINESS/INDUS	TRY				
COMPL	17. FATHER'S NAME (First, Middle, Last)			1111	16. MOTHER'S NA	ME (First, Middle, Mai	iden Surname)					
ш	THOMAS BROWN				GLORIA	JOHNSO	N					
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or						
	FARINA BROWN					UE BALT						
	1) Burlai 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	206. PLACE AND DATE OF COMMENT OF	place) F M	7/15/9		ALTIMO					
	21. SIGNATURE OF FUNERAC SERVICE LI	CENSEE	DALTIMORE		IND ADDRESS OF FA		ALITHO	KL, MD				
	A A	1-10	1					ORTH AVEN				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE OF):									
GF												
: MEDICAL	PART II. Other aignificent condition	na contributing to dee	th but not resulting in	the underlyli	ng cause given in	PER	S AN AUTOPSY IFORMED? S 2 NO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION DF CA OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	neck only one)						
YSIC	1. FLYES 2 □ NO	HOSPITAL:		THER:	me 5 - Residence	6 Other (Specify)	Stre	eet				
PH	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJU (Month, Day, Ye		RY W	JURY AT ORK?	26d. DESCRIBE HO						
B	2 Accident Investigation	07/10/		5/1	YES 2 NO	Subject Shot						
9	3 Suicide 6 Could not be 4 Homicide determined	building, etc.			60	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
E	290. CERTIFIER	NOIN TO BE A SECOND	Stre		20. https://doi.org/10.1001/j.j.	1619 1		Street				
COMPLET	(Check only		knowledge, death occurred nation end/or investigation,					ause(s) and manner as es-				
16	A 22		arrea against									
BE	MA	D			100		100000000000000000000000000000000000000	7/11/1993				
2	ID. HAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type. F	rint)	0.0	• 11 • II •	1, 07	/ 44/ 4993				
	1 1 1											
2	29c. LICENSE NUMBER  29c. LICENSE NUMBER  0.C.M.E.  29d. DATE SIGNET											

BALTIMORE, MARYLAND 21215-0020

AD RECORDS, P.O. BOX 68760,

DIVISION OF MY

Control of the Contro

DOT OF

TO THE HOSPITAL OR ATTENDING PHYCLOCY TO THE FUNERAL DIRECTOR; After the be filled within 72 hours after ceast with the property of 1 fem 28 is presented.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		20001
	1. DECEDENT'S NAME (First, Middle, Last) BYRIS, BEN	NIE/ BE	ennie By	ris	2. DATE OF DEATH	4 9	3. TIME OF DEATH  9:/5A M
	0.150	5. SEX 6. AGE (	(In yrs. lest birthday) IF U	NDER 1 YEAR   IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	27	BIRTHPLACE (State or Foreign Country) MARYCADD
OR		et and number) AMC		CITY, TOWN OR LOCATION OF ALTIMORE	DEATH	9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	VN OR LOCATION CTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZER	1 (1 YES 2   NO
FUNERAL	4719 Wrenwood Av	7e.		21212		U.:	S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2XXX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF HISP If yea, specify Cuban, Mexi 1 YES 2 NO Spe	can, Puerto Rican, etc.)	s or No.— 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED		TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use ratir	one during most of working	16b. KIND OF BU	SINESS/INDUS	
MP S	12th		Truck D	river			
	17. FATHER'S NAME (First, Middle, Last)  George Byris				NAME (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Number or Plum	rie Tille:		de)
2	Lucille Byris			enwood Ave./		21212	
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	al from State cem	PLACE AND DATE OF DIS	POSITION (Name of	DATE 20c. LC		or Town, Stata
	21. SIGNATURE OF FUNE DAT SERVICE LICEN			22. NAME AND ADDRESS OF			1107110
	23. PART I. Enter the diseases, or con	mplications that could	mes	Wm.C. March			
	shock, or heart failure. Lie iMMEDIATE CAUSE (Finel disease or condition	at only ona cause on e	ach lina.			iratory erresi	, Approximate interval Between Onset and Death
	resulting in death)	HEART DUE TO COR AS A	FALCUL CONSEQUENCE OF:	E-EF	10-15%		
z		202 10 (011,10)		nia 5/p 4	MT.		
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	17			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	CAD	CONSEQUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST	202 10 (011 10 1	CONSCOUNTED OF J.				İ
	PART II. Other algnificant conditions	contributing to death h	and made an autoing to all				
DICAL		Cell CA	at not resulting in thi	undarrying cause given	n Part i. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC							1 🗌 YES 2 🗎 NO
AN	25. WAS CASE REFERRED TO MEDICAL			00 Pl 105 05 05 05 1			
SCI	EXAMINER?	OSPITAL:		28. PLACE OF DEATH (  1ER: Nursing Home 5  Residence			
붉	27. MANNER OF DEATH	28m. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(MOIIII, Day, Isai)	INJUNY	WORK? 1 YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	fectory, office	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLET				he time, data and place, and d my opinion, death occured at ti			suse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER KATHLELIN BY	nn, MD		29c, LICENSE N	UMBER	29d. DATE SI	GNED (Morth, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO O	A		ST, BALTO	,MD 2	1201	
	31. DATE FILED (Month, Day, Year) JHL/1.9/1993	32. REGISTRAR'S SIGN	ATURE	1			



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	ST	ATE OF MAI	RYLAND /	DEPAR	TMEN	T OF H	EALTH	AND I	MENTA	L HYGIEN	_		
1. DECEDENT'S NAME (First, Middle	(Lest)		- 0.		IOAI		DLA	-	2. DATE	OF DEATH			3. TIME OF DEATH
FREDERICK		E	BEDFOR	D					JUL			1993	10:25 P™
4. SOCIAL SECURITY NUMBER 218-07-3500	5. SE	X 6.	AGE (In yrs, les	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont)	OF BIRTH 1, Day, Year) 1-04		Countr	PLACE (State or Foreign y) YLAND
9e. FACILITY NAME (If not institution	, give street end	d number)			9b. CIT	Y, TOWN O	R LOCATE	ON OF DE			9c. COU	NTY OF D	
THE JOHNS HOP	KINS F	HOSPITAL			BA	LTIMO	RE C	TTY			BAL	TIMO	RE CITY
RESIDENCE OF DECEDER	OUNTY			10c, CIT	y, TOWN	DR LOCATI	ON						10d. INSIDE CITY
MARYLAND	NONE			3,		ALTI		E CI	TY				LIMITS?
10e. STREET AND NUMBER							ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
1526 E. PRES'	TON S	т					212	213			UN	ITED	STATES
11. MARITAL STATUS  1. Never Merried 2 Married  3 Widowed 4 Divorced	FC	AS DECEDENT ENDRCES? 1 TYPES, GIVE WAR	YES X2 -	MEO NO	13.	WAS DECI If yes, spe 1 TYES	cify Cuba	n, Mexicai	n, Puerto f	? (Specify Yes Rican, etc.)		14. RACE Black Special RICA	
15. DECEDENT' (Specify only highes	S EDUCATION	hadi	16e. DE	CEDENT'S	USUAL	OCCUPATIO	N		16b	KIND OF BUS			IN AMERICAL
Elementary/Secondary (0-12)	T	rge (1-4 or 5+)	H/o.	Do NOT us	e retired.	during mos	t of workin	g					
7th grade		ne	la	bore	er					CC	nsti	cuct	ion
17. FATHER'S NAME (First, Middle, La	est)						18. MOTH	IER'S NAI	ME (First, A	Aiddle, Meiden	Surname)		
ED  19a. INFORMANT'S NAME (Type/Print	1)		101	MAIL INC	ADDRES	P (Chart a				BYER			
DORIS FREEM						PRE							
20e. METHOD OF DISPOSITION			20b. PLACE		_			V 51	DATE	ALTO,	MD.		
1 Specify Buriel 2 Cremation 3 4 Donation 5 Other (Specify		om State	MT -			emet	erv	7/1	9-9	_			MARYLANI
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE			1	22	NAME AN	ADDRES	S OF FAC	CDII	GGS F	TIME	2 7 T	HOME
labant	50	Crus	ROY	10		1412	E.	PRF	STO	N ST.	RAI	T.TO.	MD.21213
23. PART I. Enter the disease:	s, or compli	cetione that ga	wood the de	eth. Do n	ot ente	r the mod	le Df dyl	ng, such	h as cerd	llec or respi	ratory en	rest,	Approximate
ehock, or heert fe  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	Pne	AS A CONSET	~10	7:	(P	NEUN	INON	(A)				Interval Between Onset end Death (WEEKS)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		AS A CONSEL										
resulting in death) LAST	d												
PART II. Other significant con	ditions cont	ributing to dee	th but not r	esulting i	n the u	nderlying	ceuse g	iven in i	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									_				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDIC	CAL												
EXAMINER?	ноѕ	PITAL:	Outpetlant 2	[] DOA	OTHE	R:			ock only on				
27. MANNER OF DEATH		Se. DATE OF INJU	JRY	28b. TIMI	E OF	26c. INJU	RY AT	sidence		CRIBE HOW II	NJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investig		(Month, Day, Y	eer)	INJ	URY M	1 U Y	IK? ES 2 [	NO					
3 Suicide 6 Could n 4 Homicide determin	ot be	8a. PLACE DF IN- building, etc.	JURY — At ho (Specify)	me, ferm, s	treet, fac	tory, office			28f. LOCA City of	ATION (Street a or Town, State)	and Number	or Aural A	oute Number,
		the best of my ine basis of examin											end menner as stated.
296. SIGNATURE AND TITLE OF CE	TIFIER	m	٥				29c. LICE	NSE NUM	BER 06		29d. DAT	E SIGNEO	(Month, Dky, Year)
Shelley H	ANK	LETEO DAUSE O	F DEATH (ITEN	(27) (Type,	Print)	157	- (	341	teno	cen	H	212	2 3/
31. DATE FILEO (Month, 44), Year)  1 9 1993	6 9 3	2. REGISTHAR'S	SIGNATURE	• 77		1							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

7.67

93 20869

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Vernon				•				OF DEATH			3. TIME OF DEATH	
				Chas			MONT		) 9 1	YEAR	1438	
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. is		IF UNDER 1 YEAR		7. DATE	OF BIRTH	1.7	8. BIRTI	HPLACE (State or Fore	ign
218-78-980	9	M 2   F	28	YRS.	MONTHS DAYS	HOURS MIN.		n, Day, Year)	964	RAT.	TO., MD	
Side yard 4106 Grov	atitution, give a	d Avenu				or Location of I		2-1/1.	_	UNTY OF D		
10e. STATE	10b. COUNTY			10c. C/1	Y, TOWN OR LOC						10d, INSIDE CITY	
MARYLAND					BALTIMO	DRE		5.51			LIMITS?	0
100. STREET AND NUMBER 4102 OAKF	ORD A	AVENUE				101. ZIP CODE 2121	5		10g. Cf		WHAT COUNTRY?	
11. MARITAL STATUS  1 Wever Married 2 I I 3 Widowed 4 Divor			NT EVER IN U.S. A I YES 2X MAR OR DATES	NO	If yes,	ECENDENT OF HISP/ apecify Cuban, Mexic ES A NO Spec	an, Puerto		'es or No—	14. RACI Blac Spec	E — American Indian k, Whita, atc.	•
	EDENT'S EDU- highest grade			DECEDENT'S 'Give kind of fe. Do NOT u	USUAL OCCUPA: work done during i se retired.)	TION most of working	168	. KIND OF B	USINESS/IN	IDUSTRY		
17. FATHER'S NAME (First, Mic	ddle, Last)	-				18. MOTHER'S N	AME (First,	Middle, Maide	n Sumame)		7	-
ROBERT C	HASE						RA					
19e. INFORMANT'S NAME (Ty		MT.	1	9b. MAILING	ADDRESS (Stree	t and Number or Rura		ber, City or To	own, State, Z	(ip Code)		
VERA CHAS	E			5514	HADDO	N AVENU	E E	BALTI	MORE	, MD	2120	7
20a. METHOD OF DISPOSITIO		ound from Co.	20b. PLACE	EANDDATE	OF DISPOSITION (		DAT		OCATION -			
1 X Burial 2 Cremation 4 Donation 5 D Other	(Specify)	oval from State	WES	TERN	STAR	CEMETER	Y	CA	TONS	VILI	LE, MD	
23. PART I. Emer the dis	seasea, or o	complications the	t caused the c	death. Do	4600	LIBERT	Y HE	CIGHT	S AV	ENUI	RAL HOME 2120	
			use on sacrifile	10.	not anter the n	noda of dying, au	ch aa can	diac or rea	piratory a	rreat,	Approximatinterval Bet	a We
iMMEDIATE CAUSE (Find disease or condition resulting in death)	el ( →	Sh	OR AS A CONSI	10.	Jon	6 S	tal	diac or rea	piratory a	rreat,		a We
disease or condition	ona, filate NG	a. DUE TO	Han	EQUENCE O	P:	oda of dying, au	Each	diac or rea	piratory a	rreat,	interval Bet	a We
disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLY!  CAUSE (Disease or injurthat initiated events	ona, flate NG	a. DUE TO	O (OR AS A CONSI	EQUENCE O	Pi:	8 h	tal	24s, WAS /	IN AUTOPSY DRMED?		interval Bet	we De
disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injurt that initiated events resulting in death) LAST  PART II. Other algnificer	ona, flate NG Ty	a. DUE TO	O (OR AS A CONSI	EQUENCE O	F):	ing cause given in	fall	24s. WAS / PERF	IN AUTOPSY DRMED?		interval Bet Onset and Ons	n We De:
disease or condition resulting in death)  Sequentially list condition if any, leading to immedicate. Enter UNDERLYING CAUSE (Disease or injurithet initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?	ona, flate NG Ty	B. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	OR AS A CONSI	EQUENCE O	F):  F):  In the underlying the second secon	ing cause given in	Part I.	24a. WAS / PERF	IN AUTOPSY DRMED?		interval Bet Onset and Ons	a We Dei
disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLY/II CAUSE (Disease or injurn that initiated events resulting in death) LAST PART II. Other algnificer	ona, flate NG Ty	a. DUE TO b. DUE TO c. DUE TO d	OR AS A CONSI	EQUENCE O	F):  In the underlying He of 28.	Ing cause given in	heck only on	24a. WAS / PERF	N AUTOPSY DRMED? 2 NO	/ 24k	interval Bet Onset and Ons	n We De:
disease or condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLY!  CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   6	ona, flate NG Pondition	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CONSI	EQUENCE O	F):  In the underlying the second sec	ing cause given in	Part I.	24a. WAS / PERF	IN AUTOPSY DRMED? 2   NO	24b	interval Bet Onset and Ons	a we De
disease or condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLYIM CAUSE (Disease or injurthet initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   R  2 Accident 3 Suicide 8   C	ona, flate NG NY T	B. DUE TO  b. DUE TO  c. DUE TO  d	O(OR AS A CONSIDER OF INJURY ALL DE INJURY A	EQUENCE OF EQUENCE OF	F):  F):  In the underlying the second state of the state	PLACE OF GEATH (Come 5 Residence NJURY AT WORK?	theck only one on the substitute of the substitu	24a. WAS A PERF	IN AUTOPSY ORMED? 2 □ NO V INJURY OF	24b	interval Bet Onset and Ons	a we De
disease or condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLY!  CAUSE (Disease or injurthat initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 P  2 Accident 8 Suicide 8 C	ona, flate NG Ty Ty Ty Ty Ty Ty Ty Ty Ty Ty Ty Ty Ty	B. DUE TO  b. DUE TO  c. DUE TO  d	OR AS A CONSIDER OF THE PROPERTY OF THE PROPER	EQUENCE O  EQUENCE O  EQUENCE O  Tolor of the control of the contr	F):  F):  In the underlying the second state of the state	PLACE OF GEATH (Come 5 Residence NJURY AT WORK?	Part I.  Check only on  6 Other  28d. DE  Suk  20f. LOO  City Core	24s. WAS / PERF-1 1 YES  or (Specify) SCRIBE HOW DIECT TOWN, Ste	NN AUTOPSY ORMED? 2 □ NO V INJURY OF	ccureo	D. WERE AUTOPSY FIN AMULABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 NO	n We De:
disease or condition resulting in death)  Sequentially list condition if any, leading to immed cause. Entar UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 F Accident 3 Suicide 6 Memicide 6 CERTIFIER (Check only 1 CERTIFIER)	ona, slate NG Pending neestigation Could not be letarmined	B. DUE TO b. DUE TO c. DUE TO d	O(OR AS A CONSIDERATION OF INJURY OF	EQUENCE O  EQUENCE O  EQUENCE O  EQUENCE O  28b. Till 1 4  home, farm,	F):  F):  26.  OTHER: 4   Nursing Hi BE OF 28c.    1    2 4    1    2 4    2 4    3 street, factory, of	PLACE OF OEATH (Come 5 A Residence NOPK?  YES 2 NO Titce	theck only on a control of the contr	24s. WAS A PERFO	NA AUTOPSY DRMED? 2 NO Show and Number COVE	ccureo ot and ated.	interval Bet Onset and Ons	a we De
disease or condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLYIM CAUSE (Disease or injurthet initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO E&AMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5	ona, flate NG Fry Front Condition of the	B. DUE TO  DUE	O(OR AS A CONSIDERATION OF INJURY OF	EQUENCE O  EQUENCE O  EQUENCE O  EQUENCE O  28b. Till 1 4  home, farm,	F):  F):  26.  OTHER: 4   Nursing Hi BE OF 28c.    1    2 4    1    2 4    2 4    3 street, factory, of	PLACE OF OEATH (Come 5 A Residence NOPK?  YES 2 NO Titce	heck only on 28d. DE Silk 28f. Lox 41 (lee to the case time, date	24s. WAS A PERFO	NN AUTOPSY ORMED? 2 NO V INJURY ON Shall and Numbre) COVE	ccureo  t and ated.	Interval Bet Onset and Ons	a we De:
disease or condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLIVID CAUSE (Disease or including in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 P ACIDITION OF DEATH 2 ACIDITION OF DEATH 3 Suicide 8 0 0 4 Homicide 0 0	ona, flate NG Fry Front Condition of the	B. DUE TO  DUE	O(OR AS A CONSIDERATION OF INJURY OF	EQUENCE O  EQUENCE O  EQUENCE O  EQUENCE O  28b. Till 1 4  home, farm,	F):  F):  26.  OTHER: 4   Nursing Hi BE OF 28c.    1    2 4    1    2 4    2 4    3 street, factory, of	PLACE OF OEATH (Come 5 A Residence NORK?  YES 2 NO filee  ate end place, end de , death occured at the second place of the sec	heck only on 28d. DE Silk 28f. Lox 41 (lee to the case time, date	24a, WAS / PERF 1 (A) YES  ne)  or (Spechy)  SCRIBE HOW  DIECT  ATION (Street or Town, Ste ) 6 GT  use(e) end me and place,	NN AUTOPSY ORMED? 2 NO V INJURY ON Shall and Numbre) COVE	ccureo  t and ated.	interval Bet Onset and  o. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 No.	Deit Deit Deit Deit Deit Deit Deit Deit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 9 1993

DHMH-18 Rev 1/89

M			
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Presented to the contribute the same of the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	INFUNIANT. II Itelii 20 15 Hefteu, Ul Itelii 23 Shuws dry lijuly, ul ulici noumene event, ure mounes examilies ne noumen de unice.

HEGISTHAH			CHILL	CALE	JE DEALL	1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, La				-			ATE OF DEATH	Y	YEAR	3. TIME OF DEATH
		wley				-	7 18	9.		9:101
4. SOCIAL SECURITY NUMBER 213 32 4043	5. SEX	6. AGE (In yrs. la 56		IF UNDER 1 Y		MIN. (N	ATE OF BIRTH forth, Day, Year) /17/37		8. BIRTH Count	PLACE (State or Foreign Py) D. C.
90. FACILITY NAME (If not institution, given Frances Sco				96. СІТУ. ТО	ALE IMOI			9c. COUN	NTY OF D	EATH
RESIDENCE OF DECEDENT	cc key									
10a. STATE 10b. COU	Balto		10c. CITO	Zown on	ers Sta	dale	Rd.			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER					10f. ZIP 0005	22		10g. CITI	z <b>ej G</b> FA	WHAT COUNTRY?
628 N. Avor	dale Rd.				2122					USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 5		If ye	DECENDENT OF Its, specify Cuban, I	Mexican, Pue	IIGIN? (Specify Yae rto Rican, atc.)	or No-		E - American Indian, k, White, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16e. Di	ECEDENT'S I Give kind of w e. Do NOT use	USUAL OCCU fork done during retired.)	PATION ng most of working		166. KIND OF BUS		USTRY	
17. FATHER'S NAME (First, Middle, Last) CISEYO	C	ross			16. MOTHER	R'S NAME (FI	rst, Middle, Meiden	Sumeme)	ms	
19a, INFORMANT'S NAME (Type/Print)				1000000						01000
Lolita Craw		19	677°	S. A	76nda1e	Pura Ratio	w Balto	7. State, M	(Optio)	21222
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE cemetery,	AND DATEO	FDISPOSITIO	N (Name of	7/	20c. LOC 20 Bal	to.,	City or To	own, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	-1-		Ja		Mort	on & S			id. 21217
disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate	. ?	(OR AS A CONSE	he 1	ZNI ZNI	line	<i>N</i>	La Rela			5yy
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSE	OUENCE OF	7):	11 _ 1					
PART II. Other eignificent condit	ona contributing to	death but not	resulting is	n the unde	rlying cause giv	en in Part i	I. 24s. WAS AN PERFOR		248	. WERE AUTOPSY FINDINGS
				,			1 TYES 2			COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DEA	TH (Check on	fy one)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Home 5 Real					
27. MANNER OF DEATH  1 Action 5 Pending Investigation	28a. DATE OF (Month, D	INJURY	26b. TIME INJU	E OF 28 URY	c. INJURY AT WORK?	28d.	DESCRIBE HOW II	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not determined	28a. PLACE O	F INJURY At h atc. (Specify)	iome, farm, s	treet, factory,	office		LOCATION (Street e City or Town, State)	and Number	or Rural	Route Number,
one)	YSICIAN: To the best of INER: On the bests of a									a) and menner ae stated.
29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	rien 2	el P	14/) L	AN Print	29c. LICENS	9714	1	29d. DAT	E SIGNE (	(Month, Day, Year)
MILMANE BU	Feb 12/1	KML	4940	-	eny 1	1 Ve	PAL	1 M	1 6	144
JUL 1 9 1993	fulla Davidse	AN TOTAL	2							

	4
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit narmit Planes 1.2.3 should	chould
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 • STATE	STATE OF I	MARYLAND A						MENTA	L HYGIEN	łE (	93	2087	1
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF	ICAT	E OF	DEA	ГН		REG. NO	)			
		IOI COTTO	as borres	6	7				2. DATE	OF DEATH	DAY	YEAR 72	3. TIME OF DEATH	)
	FRED LEE LA!  4. SOCIAL SECURITY NUMBER	VCASTER 5. SEX	CARTER 6. AGE (In yrs. In		NE DIMON	ER 1 YEAR	IF UNDER	94 1886	7	OF BIRTH		12	70	М
	224-14-5702	1 🕅 M 2 🗆 F	74	YRS.	MONTHS		HOURS	MIN.	(Mont	h, Day, Year)	1010	Country)		gn
	9e. FACILITY NAME (If not institution, give a	/4		9b. CIT	Y. TOWN	OR LOCATI	ON OF D	Sept 21, 1918				Virginia		
E C	Baltimore County		.1											
DIRECTOR	RESIDENCE OF DECEDENT		17		- 1-	Rano	allst	JOWII				Balt:	imore	
뿚	10e. STATE 10b. COUNTY	ſ				OR LOCA							10d, INSIDE CITY LIMITS?	
۵	Maryland 100, STREET AND NUMBER			I	Balt	imor							1 X YES 2 - NO	0
FUNERAL	THOUSE SEEDS SEED.					10	f. ZIP COD				10g. CITI	ZEN OF WI	HAT COUNTRY?	
빌	1618 Northgate Ro	12. WAS DECEDEN					212					USZ		
교	1 Never Married 2 Merried	FORCES? 1	X YES 2	NO	13	If yes, sp	ecify Cuba	n, Mexica	in, Puerto	f? (Specify Ye Ricen, etc.)	s or No—	14. RACE - Black,	<ul> <li>American Indian,</li> <li>White, etc.</li> </ul>	
ВУ	3 🔀 Widowed 4 🗌 Divorced	World W				1 TYES	2 🗌 NO	Specif	y:		- 1	Specify		
ETED	15. DECEDENT'S EDU	CATION	16a, DI	ECEDENT'S	USUAL	OCCUPATION	ON		16b	KIND OF BU	ISINESS/IND	USTRY	Black	
ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	rise.	Give kind of a b. Do NOT u	work done se retired.	during mo	ost of working	ng						
MPI		College		Bagg	age	Man			I	Jorfol	k & W	estei	n Railro	റമറ്
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA		Middle, Maiden				7030
BE	James Carter							Cai	rrie	Lanca	ster			
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRES	SS (Street a	and Number	or Rural i	Route Num	ber, City or Tow	vn, State, Zip	Code)		
	Gavla Showell			1618				oad	F	Baltim	ore,	Mary]	Land 212	18
	20a METHOD OF DISPOSITION 1 \( \text{M} \) Burtel 2 \( \text{Cremation} \) 3 \( \text{Remation} \)	oval from State	20b. PLACE cemetery, cre				ame of		OAT		CATION —			THE
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	ENORE	Fores	t Hil	1 B	uria.	l Par	k	17/1	7 Ly	nchbu.	ra, I	/irginia	
	A I I		44.		22	NAME A	ND ADDRE	SS OF FA	CILITYNU	tter	Funer	al Ho	omes, Ind	Э.
	Trechert	E. m	Mey			ZSUI Balt:	imore	ins i	aryla	Park	way 1216			
	23. PART i. Enter the diseases, or cahock, or heart failure.	omplications the	caused the de	eeth. Do i	ente	r the mo	de of dy	ng, auc	h es care	flac or resp	iratory arre	est,	Approximate	
	IMMEDIATE CAUSE (Final	A-0	1110	/	/ .		-						Onset and D	
	disease or condition resulting in death)	1/2/	ivano	n/	nec	1 m	mix	-						
		DUE TO	(OR AS A CONSE	OUENCE O	F):	4-1-	Min	/ .						
No.	Sequentially list conditions,	b. Uch	OR AS A CONSE	OUENCE O			ny	70	_					
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Clar	Of as a conse	MAL	e. I	and	Ar	, , , ,	1,	0_				
윤	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):	V	110	94	m	1			-	
E	resulting in death) LAST				•									
CE													+	
MEDICAL	PART II. Other aignificent condition	a contributing to	deeth but not i	resulting	in the u	nderlyin	g ceuse ç	iven in	Part i.	24a. WAS AN PERFO			VERE AUTOPSY FINDS	
ă									_	1 TYES	NO		COMPLETION OF CAU OF DEATH?	SE
									_			1	YES 2 ANO	
AN	25. WAS CASE REFERRED TO MEDICAL													
2	EXAMINER?	HOSPITAL:			OTHE		ACE OF O	EATH (Ch	eck only on	e)				
PHYSICIAN:	1 TYES 2 NO  27. MANNER OF DEATH	1* Inpatient 2 =		26b. TIM			e 5 🗆 Re	sidence						
	1 Natural 5 Pending	(Month, D.		INJ	URY		PRK?	1 10	28d. DES	CRIBE HOW	INJURY OCC	URED		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — A1 ho	ome, ferm, s	street far			) NO	201 1 00	ATION (Street	and Number	as Greet On	de Alexander	
9	4 Homicide 6 Could not be	building,	etc. (Specify)			, on ,			City	or Town, State,	)	or nureir noi	ute Number,	
COMPLET	290. CERTIFIER	NAM. To de a trada												_
MP	(Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINE													
	296 GIGHATURE AND TITLE OF CERTIFIER	_		veerigatio	, at my	ориноп, а				wind place, er				id.
BE	Smen	Land					29c. LICE	NSE NUN	IBER		29d. DATE	SIGNED (	Honth, Day, Year)	
2	THE NAME AND ADDRESS OF PERSON WOL	COMPLETED CALL	OF DEATH HAD	N 400 (2)			7	7	11			1110	1)	

LETED CAUSE OF DEATH (ITEM 27) (1/pot. Print)

No Wo HREGISTRAN'S SIGNATURE

12 RECUSTRATE SIGNATURE who Davidson-Randalle

m. Day. Mari) 9 1993

93 20872

1	•	STATE REGISTR	AR
Γ.	1 0	ECEDENT'S	MA

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		С							OF DEA				3. TIME	OF DEATH	
Arthur	C			CI	happ	10	Sr	MONT	Н	1 <u>4</u>		993		334	
4. SOCIAL SECURITY NUMBER 215-84-4865	5. SEX 1 M 2 F	6. AGE (In yrs. In	nst birthday) YRS.	7-	R 1 YEAR	IF UNDER	$\rightarrow$	7. DATE	of Biff. h, Dev. X6	Н			HPLACE (S	State or Fore	m
9a. FACILITY NAME (If not institution, give Rear parking 1058 Argyla A				9b. CITY	y, town o	t im		DEATH Sc. COUNTY OF DEATH							
10e. STATE 10b. COUNT					OR LOCAT		Rar	ndal	lst	owr	1		LIN	SIDE CITY AITS?	
100. STREET AND NUMBER 8808 Banner	Road	i				211	E					IZEN OF			
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 () MAR OR DATES		0	. WAS DEC	city, Cuba	n, Mexica	in, Puarto			or No—	Blac	E — Amerik, White,		
15. OECEDENT'S EDU (Specify only highest grade	e completed)	(	ECEOENT'S Give kind of te. Do NOT u	work done	during mo		ng	166	. KIND O	F BUSII	NESS/IN	OUSTRY			
Elementary/Secondary (0-12) 12th  17. FATHER'S NAME (First, Middle, Last)	2 yea		Se	elf	Emp			ME (First.				Cons	tru	ctio	n
Rudolph C. C	Chapple					Ει	ırma	J,	На	m i l	tor				
3r1dget R.	Chapple		96. MAILING 808						nda	115	tov	vn,		2113	3
20s. METHOD OF DISPOSITION	novel from State	20b. PLACE	EANODATE	OF OISPO	SITION (Na	me of a 1	PK	Thi	93 R	a n c	ation –	City or To	own, State	Md	Т
1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	NOVEL TOTAL STATE	_	King	Mell	101										
1X Buriel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE WOU	cemeter A		<sup>2</sup> 2	name and 430	h F/	H W Wab	les t	Α	ver	nue				
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1X Buriel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications the List only one can b	et caused the duse on each lin	death. Do ne.	not ante	NAME AN 1 a r c 4 3 0 or the mo	D AODRE	Wab	les t	Α	ver	nue		A	pproximet	Ve
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23. PART I. Enter the diseeses, or shock, or heart failure.  23. PART I. Enter the diseeses, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Natural   S   Pending Investigation   Pending Investiga	complications the List only one can be depicted by the List only one can be determined by the List only one can be determined by the List only one can be determined by the List only one can be determined by the List on the	of caused the duse on each line of caused the duse on each line of constant of the constant of	FOURNCE OF THE STATE OF THE STA	orthe unit of the	INAME AND A 1 A 1 C A 3 O or the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the moon of the three data.	D AODRE N F / O O O O O O O O O O O O O O O O O O	Wabing, suc	Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.	24a. Who per (Specify SCRIBE HO) C CATION (S A Luse(a) and selection (S A L	Verreepiral reepiral reepiral reepiral reepiral reepiral reepiral reepiral reepiral reepiral reepiral reepiral reepiral reepiral	TUE  INTOPSY  MED?  NO  T S  JURY OC  Sho  Id Number  Y 1 e  Her as sta	24k Cene course t	A In Or Or DEAT 1 BY YE	pproximation of the property finds the prior to the prior	HINGSE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	William	Lloyd C	aldwell.		2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3 199	BIRTHPLACE (State or Foreign
	571-09-8690	1 IX M 2 □ F 73	YRS. M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	100	California
	9e. FACILITY NAME (If not institution, give str	eet and number)	9	b. CITY, TOWN O	R LOCATION OF D	8 → 17 → 19	9c. COUNTY	
DIRECTOR	8227 Peach Orchar	ıd Road			dalk			timore
E E	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI				10d. INSIDE CITY
	Maryland	Baltimore			Dui	rdalk		1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE			OF WHAT COUNTRY?
Į ÿ	8227 Peach Orcha	id Road			217	222	un	ited States
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X XYES	U.S. ARMED 2 NO	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specify 1 nn, Puerto Rican, atc.)	les or No- 14.	RACE — American Indian, Black, White, etc.
B	3XX Widowed 4 Divorced	Army Marine		1 TYES				Specify:
	15. DECEDENT'S EDUC	ATION	S WW TT	LIAL OCCUPATIO		465 4000 00 0		White
1	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work	k done during mos	t of working	166, KIND OF E	USINESS/INDUST	нү
7	8th Grade	Conege (I-4 or 5+)	THOM	Worker		100	eal #16	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1,001	WORLEGE	18. MOTHER'S NA	AME (First, Middle, Mald		
BE C	(Not Known) Cald	vell			Etta (	Wisniewsk		
	190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street en		Route Number, City or R		ie)
2	Roxanne Hodge					Road Dune		
1 1	20e. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremetion 3 □ Remove	20b.F	LACEANDDATEOF	DISPOSITION /Nan	ne of	DATE 20c I	OCATION - City	or Town State
	4 Donation 8 Other (Specify)	ceme	fery, crematory or other	ervice	Corp.	7/16/93	owson.	Maruland
1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND	ADDRESS OF FA	CILITY	1.0	idalk, Inc.
	23. PART I. Enter the diseases, or co	Coud		1922	wise Au	e. Vunaai	ir, Mary	Kand 21222
CERTIFICATION	immediate cause (Final disease or condition resulting in daath)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daeth) LAST	DUE TO (OR AS A COUNTY OF AS A COUNT	as re	er		est ase		Interval Between Onset and Death
MEDICAL	PART II. Other algnificant conditions	contributing to deeth but	t not reaulting in t	the underlying	cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
K	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Ch	eck only one)		
PHYSICIAN:		HOSPITAL:	lient 3 DOA 4	THER:	5 Residence	6 Other (Specify)		
된	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED
ВУ	Natural 5 Pending 2 Accident Investigation	(Month, Day, Tolly)	l maon		8 2 NO			
EDE	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Specify	- At home, ferm, stre	et, factory, office		281. LOCATION (Stree City or Town, Stat	t and Number or R	ural Route Number,
<u> </u>		- State of the						
COMPL		AN: To the best of my knowled On the beele of examination						use(e) end menner ee stated.
Ü	296. SIGNATURE AND TITLE OF CERTIFIER	. ~			29c. LICENSE NUI			GNED (Month, Day, Year)
0 8	C. Marce	, mp			0375		D 7	-14-93
10	30. NAME AND ADDRESS OF PERSON WHO	MARCO.	H (ITEM 27) (Typo, Pri	FAS	TERN)	AUE		
1.15/ 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		7117	1			



ath. Page 6 may be retained by the hosp	neral director, page 5 should be detached		iminer must be notified at once.	
TO THE HOSPITAL OR ALE WINE BY SCIANY: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTURE Amount occurrate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR		MARYLAND /	DEPAR		OF HEA	LTH AND	MENTAL HYGIEN			
	1. OECEOENT'S NAME (First, Middle, Last)			NIII	ICATE	OF DI	EAIH	2. DATE OF DEATH	AV	YEAR	3. TIME OF OEATH
- 0	Anna 4. SOCIAL SECURITY NUMBER	Coc						July 12	199	3	2:00 PM M
	579-14-1733	1 M 2 F	6. AGE (In yrs. last)	YRS.	MONTHS D		UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUGUST 2/	1902	Countr	PLACE (State or Foreign ) hington > DC
H	Potomac Manor Care Nursing Home  Potomac Manor Care Nursing Home  Bb. CITY, TOWN OR LOCATION OF DEATH Potomac									NTY OF O	EATH
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland Mont				thesda						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10a. STREET AND NUMBER	gomery		De	tilesua	10f. ZIP	CODE		10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	6509 Elgin Lane					20	817		U.:	S.A.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARM YES 2 NO	ED	If ye	DECENDE	ENT OF HISPAI	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No-		- American Indian, t, White, etc.
	15. DECEDENT'S EDUC	CATION	16a. OEC	EDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESS/IND	HISTOV	MUTIC
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	·) Iffe. E	NOT us	vork done durir e retired.)				0111200,1110		
OMP	17. FATHER'S NAME (First, Middle, Last)		Disb	urs	ing Of					(Bu	r.Print/Engr
	Thomas Haves							ME (First, Middle, Maiden	,		
TO BE	190. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AOORESS (St	treet and No	umber or Rural	Drummond     Route Number, City or Tow	n, State, Zip	Code)	
F	John F. Cooks Jr.		65	09	Elain	Lane	Beth	esda, Mary	land	2081	17
	20e. METNOD OF DISPOSITION  1 💢 Burlel 2 🗌 Cremation 3 🗎 Remo 4 🗎 Donation 5 🗎 Other (Specify)	oval from State	20b. PLACE AN completely, creme Cedar	DOATE	FRISPOSITIO	M /Nama of		OATE 20c. LO	CATION —	City or To	wn, State
	21. SIGNATURE OF EMNERAL SERVICE LIC	ENPEE	1		22. NAM	ME AND AG	ORESS OF FA	7/15/93 S	uitla	and ,	Maryland
	+ Bruce L	ee t	Soslee	71	150	0 W.	Bradd	ock Road,	WHEAT Alex.	LEY VA	FUNERAL HOM
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications the	t causad the deat	h. Do n	ot entar the	mode o	f dylng, auc	h aa cardisc or respi	ratory arr	eat,	Approximate interval Between
	IMMEDIATE CAUSE (Final			-6-2	ng a		est				Onset and Death
z		met	OR'AS A CONSECU	ENCE OF	(1111	i (	"II MCI	1			
5	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEOU				20,000				
FIC	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	OUE TO	(OR AS A CONSEOU	ENCE OF	):						
CERTIFICATION	resulting in death) LAST	ı									
_	PART II. Other significant conditions	s contributing to	death but not rea	ulting i	n the under	rlying cau	use given in	Part i. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
PHYSICIAN: MEDICA				_				1 YES 2			COMPLETION OF CAUSE OF DEATH?
X											1 NES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL				2	8. PLACE	OF OEATN (Chi	ack anty one)			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:			8 Other (Specify)			
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF (Month, De		28b. TIMI INJ	OF 280 JRY	WORK?	AT	28d. OESCRIBE NOW II	NJURY OCC	URED	
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At home atc. (Specify)	, ferm, s	treet, factory,	office		26f. LOCATION (Street & City or Town, State)	and Number	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER										
BE CC	296. SIGNATURE AND TITLE OF CERTIFIED		7			19c.	LICENSE NUM	IBER			(Month, Day, Year)
2	30. NAME AND ACCRESS OF PERSON WING Dr. Michael Gra		OF DEATH (ITEM :	17) (Type,	Print)		0 38			7//	2/13
	Dr. Michael Gra				nuset	Les F	ive. N	.W. Wash. 1	υ. C	5u1t	e 312
	JUL 1 7 1993 9	vie buils	A MOTOA								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Finours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH
Emma (Amelia)	F.	C	heste	er		0.7	14	-	993	2045
	5. SEX	6. AGE (in yrs. i	85 YRS.	MONTHS DAY		7. DATE	OF BIRTH 1, Day, Year) 16/07		Coun	HPLACE (State or Foreign try) nsylvania
Sa. FACILITY NAME (If not institution, give stre	eet and number)		-	9b. CITY, TOV	WN OR LOCATION OF		10/0/	9c. COI	UNITY OF I	
	Street				Ltimore					
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	DCATION					10d. INSIDE CITY LIMITS?
Maryland				Baltimo	ore					1 X YES 2 NO
100. STREET AND NUMBER					101. ZIP CODE					WHAT COUNTRY?
1108 S. Carey S					21223				USA	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Diverced		T EVER IN U.S. A I YES 2 A MAR OR DATES		If yes	DECENDENT OF HISP s, specify Cuben, Mexi YES 2 XNO Spec	can, Puerto F		or No-	14. RAC Blac Spec	E — American Indian, ok, White, etc.
15. DECEDENT'S EDUCA		16a. I	DECEDENT'S	USUAL OCCUP	PATION	16b.	. KIND OF BUS	SINESS/IN	DUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	-	(Give kind of the. Do NOT u	work done during se retired.)	g most of working					
8			hom	emaker				dome	stic	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S I			Surname)		
Joseph Urban							Bender			
19e. INFORMANT'S NAME (Type/Print)					set end Number or Rura					01666
Ruth C. Boss					coke Road		-			21666
20a METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Remove		20b. PLAC	FANDDATE	OF DISPOSITION	M /Atomo of			CATION	City of T	own, State
	val from State					7 / 1 O / 0				
4 Donation 5 Other (Specify)				ark Cen	metery 0	7/19/9	93	Bal	timo	re, MD
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  AUTO 2	Flish	Louid	don P	ark Cen	metery 0 E AND ADDRESS OF 4107 Will Baltimore	7/19/9 FACILITY HI kens A e, MD	93 ubbard Avenue 21229	Bal Fun	timo eral	re, MD
4 Donation 5 Other (Specify)	ENSEE  July  Demplications the	Louid	don P	ark Cen	metery 0 E AND ADDRESS OF 4107 Will Baltimore	7/19/9 FACILITY HI kens A e, MD	93 ubbard Avenue 21229	Bal Fun	timo eral	re, MD Home, Inc
21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter tha disease, or co	This is a second of the second	at caused that cause on each life	death. Do	22. NAM	metery 0 E AND ADDRESS OF 4107 Will Baltimore	7/19/9 Recility Hi kens A e, MD	ubbard Avenue 21229	Bal Fun	timo eral	Home, Inc
21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the diseases, or co shock, or heart feliure. Li  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	mplications the lat only one certain DUE TO	at caused that cause on each life	death. Do	22. NAMI	metery 0 E AND ADDRESS OF 0 4107 Will Baltimore mode of dying, sa	7/19/9 Recility Hi kens A e, MD	ubbard Avenue 21229	Bal Fun	timo eral	re, MD Home, Inc
23. PART I. Enter tha disease, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	DUE TO	at caused the cuse on each life eroscle/	death. Do na.	22. NAMI	metery 0 E AND ADDRESS OF 0 4107 Will Baltimore mode of dying, sa	7/19/9 Recility Hi kens A e, MD	ubbard Avenue 21229	Bal Fun	timo eral	Home, Inc
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21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the diseases, or co shock, or heart feliure. Li  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	at caused that use on each life eroscieto (OR AS A CONS	death. Do na.	not antar tha  Cara Fi:	metery 0  HE AND ADDRESS OF I  4107 Will  Baltimore  mode of dying, su	7/19/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	ubbard Avenue 21229 flac or reapin	Bal Fun	timo eral	Approximate interval Betwoonset and De
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31. DATE FILED (Month, Day, Year)

JUL 1 9 1993

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-in	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
R ATTEN	RECTOR:	urs after	m 28 is
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31. DATE FILED (Month, Day, Year)

9 1993

32. REGISTRAR'S SIGNATURE

wha Davidson-Randalle

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH LAWRENCE BACK J. 18:20 PM 93 15 7 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 01-08-1928 DAYS HOURS 1 M 2 F YRS. 215-24-9970 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore. Dundalk 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1624 Manor Road 21222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rid 1 YES 2 NO Specify: IF YES. GIVE WAR OR DATES BΥ Specify: 3 🕅 Widowed 4 🔲 Divorced WW II Navu White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12)
7th Grade College (1-4 or 5+) Machinist National Wire Company 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Mary Barborka, George Back 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3156 Baybriar Road, Baltimore, MD Mrs. Darlene M. Frank 20a, METHOD OF DISPOSITION
1 X Burlet 2 Cremation 3 Page 1 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Holu Redeemer Cemetery 7/19/93 Baltimore. MD 21. SIGNATURE OF FUNERAL SHIVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD 23. PART I. Epier the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition BASILAR ARTERY occursion 10 DAYS resulting in death) DUE TO (OR AS A CONSEQUENCE OF CEREBRO VASCULAR ACCIDENT 10 DAYS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE CORONAR ARTENY DISCACE 1 TES 2 NO OF DEATH? ty Per Tension 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Kinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 S. Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 | Homicide 29a. CERTIFIER t 💆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) telowski Mo 036133 7-15-93 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicia	y filled in by the funeral director, page 5 should be detached for use as the burial-trition, or removal.	the medical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO BE A PROPERTY OF THE HOSPITAL OR ATTENDING PHYSICIAL OF THE HOSPITAL OF ATTENDING PHYSICIAL OF THE HOSPITAL OF THE H	TO THE FUNERAL DIRECTOR: After this period of the sith and Memi Housen physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tribe filed within 72 hours after death with the sith and Memi Housen prior to buriat, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

	1 - STATE REGISTRAR	STATE OF N					DEAT		ENTAL HYGIENI REG. NO.		<b>L</b>	0011
	1. DECEDENT'S NAME (First, Middle, Last)						-		. DATE OF DEATN		3	. TIME OF DEATN
	JOE L	OUIS		(	CANNO	N	5 R	,	MONTH DA		YEAR	2:40 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	_	IF UNDER	24 HRS. 7	DATE OF BIRTH		BIRTNPL	ACE (State or Foreign
	213-32-9319	15€3M 2 □ F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1	Country)	C
	9e. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY	, TOWN C	OR LOCATIO	ON OF DEAT	N	9c. COUNT		
OR	NORTH ARUNDEL HO	SPITAL A	SSOCIATI	ON	G	I.EN	BURN	TF		Α.	A	COUNTY
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY				Y, TOWN C	-				A		
E	MD.				tim		ION					Dd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			DAI	CIM		. ZIP CODE			40- CITITE	_	YES 2 NO
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FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARA	AED	13.	WAS DEC			ORIGIN? (Specify Yes	or No.— 1		American Indian,
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 NO	0		If yes, sp	ecify Cuba	n, Mexican, I	Puerto Rican, etc.)		Black, V Specify:	Vhite, etc.
В	3 Widowed 4 Divorced						2 M 140	орвону.		l I	31ac	k
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G/v	re kind of	USUAL O	CCUPATIO	ON st of workin	a	16b. KIND OF BUS	INESS/INDUS	TRY	
۳ ا	Elementary/Secondar (0-12)	College (1-4 or 5 +	Hin.	Do NOT u	se retired.)			-				
₩.			Lā	abor	er					ustry	r	
	17. FATHER'S NAME (First, Middle, Last)	_					ļ.		(First, Middle, Maiden S	Sumeme)		
BE	James Mum  190. INFORMANT'S NAME (Type/Print)	Cannon	1	****				tori			W	illiams
٩									te Number, City or Town			0.00
	Hattie CAnnon		20b. PLACE A					St.	BAlto.	MD .		
	1 Suriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	cemetery, cren	natory or o	ther place)	7.17			100			100
	21, SIGNATURE OF FUNERAL SERVICE LIC		. I West	orn	ST. a.	NAME AN	emet	S OF FACIL	7/11 Ca	tons	<u>ri 11</u>	e. Md.
	Bette Fus	0	// -					0.	/	-4	Ø	
	23. PART I. Enter tha diseases, or c		Home	45 D-					OLINE S			
	snock, or neart failure.	List only one cau	se on aach line.	itn. Uo i	ot anter	tna mo	de or dyl	ng, such a	is cardiac or reapir	atory arres	Ł,	Approximata interval Batween
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-	_	Daland	OH AS A CONSECU	A. A		V	1100	del	1 1 - 200	1.		
ō	Sequentially list conditions, if any, leading to immediate	pue no	OF AS A CONSES	MINCE OF	N-	W	ALL/AL	nece	chiga	yers	~	i -
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	HAR	1 sto	lke		0	A		V	***		
E	that initiated events	OUE TO	OR AS A CONSECU	NCE O	n: \	- 1	1/					
CERTIFICATION	resulting in death) LAST	Ele	Strange	C_	LN	M	ele	uk				
	PART II. Other significant cenditions	s contributing to	death/but not re	sulting	in the un	dertying	s/cause o	iven in Pa	rt I. 24s. WAS AN A	WTOPSY	Date W	ERE AUTOPSY FINDINGS
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2	- Maryan					- 0	/		-8		1.50	□ YES 2 □ NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL	urs-province and				26. PL	ACE OF DE	EATH (Check	only one?			
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHER	Rr /		AND DESCRIPTION OF THE PERSON NAMED IN	Other (Specify)			
ξl	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIM	E OF	28c, INJ	URY AT		Id. DESCRIBE HOW IN	JURY OCCUP	IED	
ВУР	t Natural 5 Pending 2 Accident Investigation	(Movth, Da	g: Year?	IN.	M		RK?	NO.				
	3 Suicide 6 Could not be	264, PLACE OF	F INJURY — At hor	se, farm, c	street, fecto	ory, affice		21	M. LOCATION (Street at	nd Number or	Runil Rout	e Numbec
	4 Momicide determined	listering.	etc. (Specify)						City or Yown, State)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, dea	th occum	ed at the ti	me, date	end place.	and due to	the cause(s) end man	ner se stated		
M	one) 2 MEDICAL EXAMINES											nd manner ae stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIER							NSE NUMBE				orith, Day, Year)
00	Which Mills.	Look	MA					801		Þ 7	112/1	12
2	30 NAME AND ADDRESS OF DERSON WHO	COMM EXED CALLS	E OF DEATH (ITEM	27) (Туре,	Print)					- {	14/7	
}	NICK P. MOUTSOS,	M.D./95	AQUAHART	RO	AD/GI	LEN ]	BURNI	E, MA	ARYLAND 21	1061		- 1
	31. DATE FILED (Morth, Day, Year)		R'S SIGNATURE									

1	FOR STATE REGISTRAI
_	REGISTRA

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					-	DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	1	3	. TIME OF DEA	ATH
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4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is		IF UNDER 1		IF UNDER 24 HRS.	7 DATE (	SE BIRTH	4.5	BIRTHPL	ACE (State or I	Foreign
219-40-2907	1 X M 2 - F	49	YRS.	MONTHS	DAYS	HOURS MIN.	(Month	P05/4	2 1	Country)		_
9e. FACILITY NAME (If not institution, give street		1/		Oh CITY	TOWAL OF	LOCATION OF		0)/4			yland	Į
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10e. STATE 10b. COUNTY			10c CIT	Y, TOWN OF	R I OCATIO	ON				1 4	A MICIDE CIT	~
Maryland				,							LIMITS?	
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	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED			NDENT OF HISP			or No- 14.	RACE -	American Ind	llen,
1 Never Married 2 Merried	IF YES, GIVE WA		NO			olfy Cuben, Mexic		icen, atc.)		Specify:	vnite, atc.	
3 Wildowed 4 Divorced	V	Tiet N	am						60		Black	
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	4	T	ab A	agio	tan	+	IIr	iver	sity o	of	MD	
17. FATHER'S NAME (First, Middle, Last)	•		A CAN	DDTS		18. MOTHER'S N				0.1	1.117	-
James Nathan	iol Cal	dwoll 1	0									
James Naumani  19a. INFORMANT'S NAME (Type/Print)	TET CAT				-			Ben				
		15				d Number or Rura						
Dorothy Cald	well		1729	N.	Ben	talou						
20e. METHOD OF DISPOSITION 1 ☐ Burlai 2 IX Cremation 3 ☐ Remove	al from State		AND DATE				DATE		CATION — City		,	
4 Donation 5 Other (Specify)	an from State	Met.r	emetory or of	rner piece) ema t	tory	. Inc	7/1	6 B	altimo	nna	MID	
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /	111		22. N	IAME AND	ADDRESS OF F	ACILITY					
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George E.	MacNabb	)		29	99 F	reder	ick R	oad	Balto	0	MD 21	22
23. PART I. Enter the disesses, or con	mplications that	caused the d	eath. Do n									_
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be retained from the purial Horiene prior to burial. Cemarical, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once.
西 湯	State Dep	E
TO THE HOSPITAL OR ATTENDING PHYSICAL	TO THE FUNERAL DIRECTOR: After this con-	IMPORTANT: If item 28 is marked, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAN	CEN	ITICALE OF DEATH	REG. NO.				
- 6	1. DECEDENT'S NAME (First, Middle, Last)  Ernes fine	oe_		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE (In yrs. lest birth	rday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Hanth) Day, Was 2	8. BIRTHPLACE (State or Foreign Sountry)			
æ	99. FACILITY HAME (If not institution, give s		9b. CITY, TOWN OR LOCATION OF	N OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
I 은	RESIDENCE OF DECEDENT	110-11-11	DAHAMOTE, M.	D DA	Htimure			
DIRECTOR	10e. STATE 10b. COUNTY SOC CITY, TOWN ON LOCATION 16							
FUNERAL	100. STREET AND HUMBER	(3)	10f. ZIP CODE	2.3 10g. CITIZ	1 N YES 2 ☐ HO EH OF WHAT COUNTRY?			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECEMBENT OF HISPA	ANIC ORIGIN? (Specify Yee or Ho-	14. RACE — American Indian,			
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexic 1 YES 2 NO Spec	en, Puerto Rican, etc.)	Black, White, etc.			
	15. DECEDENT'S EDU (Specify only highest grade		HT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	ISTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) life. Do N	of of work done during most of working of use retired.)  employed					
Š	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Surgame)				
BE	Joseph Be	itler	Celii	4 Butte	er			
2	19a, INFORMANT'S NAME (Type Print)	19b. MAI	LING ADORESS (Street and Number or Rura	Route Number City or Town, State, Zip (	Code)			
-	Celia But	1er 22	6 N. CARRY	St/BAHO, 1	MD 21223			
	28e. METHOD OF DISPOSITION  1 Description   1 Donation	oval from State 20b, PLACE AND D	ATE OF DISPOSITION (Name of Party Place)  A group place AR Cen	DATE 20c. LOCATION - C	ity or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	EHSEE	22. NAME AND ADDRESS OF F	ACILITY				
	The	the Kon	ed WM. C. MA	nich fly 110	OI E, North Ace			
	23. PART I. Enter the diseeses, or enter the diseeses, or enter the diseeses.	complications that ceueed the deeth.	Do not enter the mode of dying, su	ch es cardiec or respiretory erre	et, Approximate Interval Between			
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1 1	disease or condition resulting in death)	a. CARVIA						
		DUE TO (OR AS A CONSEQUENC						
NO	Sequentially list conditions,	b. METABOLI DUE TO (OR AS A CONSEQUENCE		3/				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DIABETTES	MELL	-1 TUS	i			
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE		7/1025				
토	resulting in death) LAST							
		3,						
DICAL		s contributing to deeth but not result	ing in the underlying ceuse given in	Pert I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS			
음	Hyperice	NSION		1 _ YES 2 _ NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
WE					1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (C	heck only one)				
Si	1 TES 2 NO	1 Inpatient 2 ER/Outpatient 3 DO	OTHER:  A University Home 5 Residence	6 Other (Specify)				
Ŧ	27. MAHNEN OF DEATH	28e. DATE OF IHJURY (Month, Day, Year) 28b.	TIME OF 28c. INJURY AT WORK?	28d, DESCRIBE HOW INJURY OCCU	JRED			
BY	1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO					
ED	3 Suicide 8 Could not be	28e. PLACE OF IHJURY — At home, fe building, etc. (Specify)	rm, street, fectory, office	281. LOCATION (Street and Number of City or Town, State)	r Rurel Route Number,			
	4 Homicide detarmined			Only or Jown, State)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, death oc	curred at the time, data and place, end du	to the cause(e) and manner as stated	1.			
8		R: On the basis of examination and/or investi						
U U	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		SIGNED (Month, Day, Year)			
00	Tomaller							
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITEM 27)	Type, Print)	7	110195			
	THOMAS  31. DATE FILED (Month, Day, Year)	5. MILLE	n Bon	SE-Cours Ho	SPITAL			
	JUL 1 9 1993 4	12 REGISTRAR'S SIGNATURE						

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		FOR STATE REGISTRAR	STATE OF MARYLAND / DEP.	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.					
	- 33	1. DECEDENT'S NAME (First, Middle, Last)	K CLYBUR	N	2. DATE OF DEATH DAY	3. TIME OF DEATH				
	λ	4. SOCIAL SECURITY NUMBER 25/501/60	5. SEX 6. AGE (In yrs. last birthole	MONTHS DAVE MOURE MAN	7. DATE OF BIRTH (Month /Day, Year)	BIRTHPLACE (State or Foreign Country)     ANNUNA				
2, 3 should	OR	9a. FACILITY/NAME (If not institution, give stre	et end number; 05PER	96. CITY, TOWN OR LOCATION OF D	eath d. 9c.	COUNTY OF DEATH				
permitt, Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? YES 2 NO				
華	FUNERAL	10. STREET AND NUMBER 5 (A. N.	1/2TON A	HE 101. ZIP CODE	05 10g	CITIZEN OF WHAT COUNTRY?				
-0020 ling physician. the burlal-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specif	en, Puerto Rican, etc.)	o— 14. RACE — American Indian, Black, White, etc. Specify: A J M D				
21215-0020 al or attending physic for use as the burlal	ED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted) (Give kind	T'S USUAL OCCUPATION of work done during most of working 'ff use related.)	16b. KIND OF BUSINES	S/INDUSTRY				
	COMPLET	17. FATHER'S NAME (First, Middle, Lost)	College (1-4 or 5+)	TR. MOTHER'S NA	ESSKAY	Ment factory				
2 8 8 E	BE	FRANK CL	burn 190 MAI	ING AODRESS (Street and Number of Rural	y FRA	rier				
	٩	Bettle C	yburn 512	N. Milton Au	e/BAlto,1	ND 21205				
ALTIMORE, seath. Page 6 may be funeral director, page xaminer must be		4 Donation 5 Other (Specify)	ral from State cemetery, cremetery	IYIEM. YK, CE	M. RAND	ALSTOWN, MD				
. 9 .		21. SIGNATURE OF FUNEBAC SERVICE LICE	tek Jones	22. NAME AND ADDRESS OF FA	reh F/H i	101 E. North Ave				
hours aft od in by or remo		23 PART I. Enter the diseases, pr co shock, pr heart failure. LI IMMEDIATE CAUSE (Fine)	complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, into the cause on each line.							
ted within 24 if completely fille ial, cremation, event, the		disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE	mest (asyx	slole)	Onset and Death				
X 68760, executed with and complet to burial, creminatic event	NOI	Sequentielly list conditions, if any, leading to immediate	D. OUE TO (OPPASIA CONSEQUENCE OF							
SO site be prior trau	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C. ULCONOL INTO LUCATION  DUE TO (OR AS A CONSEQUENCE OF):							
F. Hy		resulting in death) LAST								
and the state of t	MEDICAL	PART II. Other significent conditions	contributing to death but not resulting	ng in the underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED!  1  YES 2 N	AMAILABLE PRIOR TO				
RECOI requires the reconsigned reconsided					_	1 TYES 2 NO				
er Hear	SICIAN:		HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DO/	28. PLACE OF DEATH (C/						
PH ST	Y PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED				
ISIC TTENDI TTOR: A after d	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At home, family building, etc. (Specify)		281. LOCATION (Street and No City or Town, State)	imber or Rural Route Number,				
_ = = = = =	COMPLE		AN: To the best of my knowledge, death occ On the besis of examination end/or investig							
D TO THE HOSPITAL C TO THE FUNERAL D De filed within 72 ho IMPORTANT: If Its	BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		DATE SIGNED (March, Dyn. Year)				
223	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) ()	ypa Print)	700	1/11/19				
N		31. DATE FILED (Month, Day, 1111) 1 0 1003	12 AEGISTRAR SEIGNATURE	rnysician	100 NORTH BALTIMORE.	BROADWAY MARYLAND 2123				
\		.1111 1 9 <b>19</b> 93" <i>9</i> 66	WE INTERIGOR AND A PROPERTY OF							

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has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the health and Mental Hyglene prior to burial, cremation, or removal. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. WTAL RECORDS, P.O. BOX 68760,

DIVISION OF

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR AND be filled within 72 hours after desir

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1. DECEDENT'S NAME (First, Middle,					VO.		
LOU	is Col	oman	,	2. DATE OF DEATH		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	4	FUNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
90. FACILITY NAME (15 not institution, give street and fumber)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  PARENTE OF THE STREET OF THE STREE							
RESIDENCE OF DECEDEN	OUNTY	Inc CITY I	OWN OR LOCATION		1	10d. INSIDE OFTY	
MD	-	BA	Hmore			1 VES 2 NO	
3110 C/11	CFON AV.	enue	2/24	16	10g. CITIZEN	S, A,	
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 ANO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mei 1 YES 2 NO Spe	ican, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc.	
15. DECEDENT	S EDUCATION	16s. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF	BUSINESS/INDUST	TRY	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT use n	k done during most of working etired.)				
17. FATHER'S AAME (First, Midgile, Lo	eman		16. MOTHER'S	NAME (First, Middle, Main	den Surname)	nb	
19a. INFORMANT'S NAME (Typo/Print	M. Colema	19b. MAILING AT	DORESS (Street and Number or Ru	Tel Route Number, City of	Town, State, Zip Coo	7 1216	
28e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	Removal from State	20b. PLACE AND DATE Of Competed Crematory or	other placels	DATE 20c.	LOCATION — CITY	or Town, State	
4 Donation 5 Other (Specify  21. SIGNATURE OF FUNERAL SERV.		HILPUTU	22. NAME AND ADDRESS OF		Conord	w, IVLD	
No.	the to	Jaren	112m C N1	rook El	4-1161	& Worth A	
23. PART I. Enter the disease	s, or complications that cale	sed the death. Do not	entar the mode of dying, a	uch as cardiac or re	apiratory arrest	Approximata	
ahock, or heart fa	llure. List only one cause or	n aach lina.				Interval Between	
disease or condition	9	- 44 4	a Ladadia				
disease or condition resulting in dasth)		o ma - m	etastatic				
resulting in dasth)			etastatic		TJV		
resulting in dasth)  Sequentially flat conditions, if any, leading to immediate	DUE TO (OR A		etastatic		Ŋ		
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b DUE TO (OR A	AS A CONSEQUENCE OF):	etastatic				
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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=\{	1. DECEDENT'S NAME (First, Middle, Las MAXINE CLAVON				2. DATE OF DEATH MONTH 7/11/9	DAY YEA	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-10-3899	1 🗆 M 2 💢 F		F UNDER 1 YEAR F UNDER 24 H		9. BH Co	RTHPLACE (State or Foreign unity) South Car.	
OR	9a. FACILITY NAME (If not institution, give 506 N. Schroe	der Stree		Baltimore	OF DEATH	Balti		
DIRECTOR	10e. STATE 10b. COUN		10c. CITY,	town or Location			10d. INSIDE CITY LIMITS?  V YES 2 NO	
FUNERAL D	100. STREET AND NUMBER 506 N. Schroe	dan Straa	+	101, ZIP CODE 21223		10g. CITIZEN O	F WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1	YES 2 NO	13. WAS DECENDENT OF HI If yes, specify Cuben, M	ISPANIC ORIGIN? (Specify ) laxican, Puarto Rican, etc.) Specify:	Yes or No — 14, R.	ACE — American Indian, leck, White, atc.	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 6th grade	DUCATION ide completed)  College (1-4 or 5+)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	JSUAL OCCUPATION ork done during most of working retired.)	18b. KIND OF B	BUSINESS/INDUSTR		
ш	17. FATHER'S NAME (First, Middle, Last) ED MILTON		1000K	16. MOTHER'S NAME (First, Middle, Malden Surname) LEULA WELLS				
TO B	196. INFORMANT'S NAME (Type/Print) SAUL CLAVON		196. MAILING A	ADDRESS (Street and Number or F		SALTO.,		
	· /energy	L Chan	nor		n. Home EA		l E. Norti	
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Due to (or de	AS A CONSEQUENCE OF)	March Fur	n. Home EA		Approximate Interval Between	
MEDICAL	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditi	a. Due to (or do not cause of the country of the co	AS A CONSEQUENCE OF)	March Fur of enter the mode of dying,  in the underlying cause give	n. Home EA	AN AUTOPSY ORWER?	Approximate interval Betwee Onset and De I May 30 yel	
HYSICIAN: MEDICAL	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditi	a. Due to (or dealers)  Due to (or dealers)	AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)	March Fur of enter the mode of dying,  the underlying cause give  26. PLACE OF DEATH  OTHER OTHER 28c. INJURY AT	n. Home EA	AN AUTOPSY ORMER? 2 ANO	Approximate interval Betwee Onset and De Con	
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	a. Due to one cause of a contributing to dear ontributing to dear	AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)	March Fur of enter the mode of dying,  the underlying cause give  26. PLACE OF DEAT!  OTHER: 4   Nursing Home 5   Reside  OF 28c. INJURY AT WORK?  YES 2   NO	In . Home EA  auch ea cardiac or rea  In In Part I. 24a, WAS / PERFI  1 VES  H (Check only one)  ence 6 Other (Specify)  28d. DESCRIBE HOW	AN AUTOPSY ORMER? 2 NO	Approximate interval Betwee Onset and De Con	
BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other aignificant conditions EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be distermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	B. List only one cause of a cause	AS A CONSEQUENCE OF)  AS A CONSEQUENCE OF)	March Fur of enter the mode of dying,  the underlying cause give  26. PLACE OF DEATH OF 28c. INJURY AT WORK?  YES 2 NO  reet, factory, office  d at the time, data and place, and in in my opinion, death occured a	In . Home EA  auch ea cardiac or rea  In In Part I. 24a. WAS / PERF  I YES  H (Check only one)  ence 6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Rown, Sta	AN AUTOPSY ORNESP?  2 NO  VINJURY OCCURED et and Number or Rui rie)	Approximate interval Betwee Onset and De Con	
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions reaulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not b 4 Homicide 6 Could not b 4 Homicide 1 CERTIFYINO PHY	a. Due to (or one cause of a contributing to dear of a contributing to dear of a contributing to dear of a contributing to dear of a contributing to dear of a contributing to dear of a contributing to dear of a contributing to dear of a contribution of a contribut	A CONSEQUENCE OF)  AS A CONSEQUENCE OF)	March Fur of enter the mode of dying,  the underlying cause give  26. PLACE OF DEATH  OF 28c. INJURY AT WORK?  YES 2 NO  reet, factory, office  d at the time, data and place, and i, in my opinion, death occured a	In . Home EA  auch ea cardiac or rea  In In Part I. 24a. WAS / PERF  I YES  H (Check only one)  ence 6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Rown, Sta	AN AUTOPSY ORNESP?  2 NO  VINJURY OCCURED et and Number or Rui rie)	Approximate interval Betwee Onset and Der On	

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the medical examiner must

	REGISTRAR			ERTIFI	CATE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2	DATE OF DEATH	,	YEAR :	3. TIME OF DEATH	£
ı		Edward Coleman  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF BURTH									993	8:35 P	M
	251-22-8354 1 TM 2	_ F	GE (In yrs. le 70		MONTHS C	MAYS	IF UNDER 24 HRS		(Mogth, Day, Year)		PINKE	ns Co., S.	C.
I	9a. FACILITY NAME (If not institution, give street and num		9b. CITY, TOWN OR LOCATION OF DEATH					н	9c. COUNT			_	
ı	Maryland Gene	ral Ho	Hospital Baltimore City							Bal	timo	ore	
l	10a. STATE 10b. COUNTY		-	10c, CITY	TOWN OR	LOCATI	ON				Ti	Od. INSIDE CITY	
	MD Baltimore			Ва	ltim	or	e	10			- 1	LIMITS?  YES 2   NO	)
	613 W W Y W	Apt	1			101.	21220	)		10g. CITIZE	USA	AT COUNTRY?	
ı		ECEDENT EVE	R IN U.S. A	RMED	13. WA	S DECE	NDENT OF HIS	ANIC	ORIGIN? (Specify Year	or No— 1	4. RACE -	- American Indian, White, atc.	
		, GIVE WAR OF		INO			2 NO Spe		uerto Rican, etc.)			White, atc. BLACK	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. D	ECEDENT'S	JSUAL OCCI	JPATIO	N		16b. KIND OF BUSI	NESS/INDUS			
		1-4 or 5+)	- In	Give kind of wi e. Do NOT use	ork done dun retired.}	ng mos	t of working						
7 CT QT Q Q E  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)													
	BUS GARRETT JENNIE BUTLER												
	19a. INFORMANT'S NAME (Type/Print)	(Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town State 7th							Stete, Zip C	ode)		_	
	ALMA BROWN										)., MD.21239		
	20\( METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from S 4 Donation 5 Other (Specify)	iteta						0ATE 20c, LOC	ATION - CR		, Stata	D	
	21. SIGNATURE OF FUNDERAL SERVICE LICENSIES		22. NAME AND ADDRESS OF FACILITY						1110	0 112	1110, 11		
:	Kosa C. Je	un	ex						ie EAst			North	Αv
	23. PART I. Enter the diseases, or complication shock, or heert fallure. List only of	ons that cou	sed the d	eeth. Do no	ot anter th	a mod	a of dying, s	ich a	s cerdiac or respir	tory erres	it,	Approximata	
	IMMEDIATE CAUSE (Finel											Onset and De	
	resorting in death)	robab1	-	-									
		OUE TO (OR A		,									
		eriphe	ral	vascul	ar di	Lsea	ase wit	h g	gangrene d	of ri	ght	foot	
	If any, leading to immediate cause. Enter UNDERLYING	DUE IU (OR A	S A CONSE	OUENCE OF)	*								
	CAUSE (Disease or injury C.	DUE TO (OR A	S A CONSE	OUENCE OF	•							-	
	resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
	d											1	
	PART II. Other significent conditions contribute	ting to death	but not	resulting in	the unde	rlying	cause given	n Par	t i. 24s. WAS AN A PERFORM			ERE AUTOPSY FINDIN	NGS
	D	iabete	s me	llitus					1 TES 2		Q Q	OMPLETION OF CAUS	E
	C	ongest	ive b	neart	failu	ire					1	YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL					26 DI 4	CE OF OFATH 6	Phone:					
4	EXAMINER? HOSPIT	AL:			OTHER:	.o. PLA	CE OF OEATH (	neck (	unity one)				
۱		ent 2 - ER/O	estmoti				6 - Residence	11.					

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5 Pending Investigation

A.S. Ba

BY

COMPLETED

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28d. DESCRIBE HOW INJURY OCCUREO 28c. INJURY AT WORK? 1 YES 2 NO

1 Natural
2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 8 Could not be 4 Homicide

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Baradaran,

c/o Maryland General Hospital

n/a

JUL 1 9 1993



m.D

7/12/93

asy.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in the funeral director, page 5 should be detached for use as the burlat-library for the filled within 75 hours after death with the State Dett. Or Health and Mental Hodiene prior to build. Cremation, or cannow.	rs affer death. Page 6 may be retained by the hospital or attending physicial to the funeral director, page 5 should be detached for use as the burlat-transcent.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

	FOR STATE REGISTRAR		C	ERTIF	ICATE				MENTAL HYGIEN		93	20884
	1. DECEDENT'S NAME (First, Middle,	WILLIAM F.	CHARBON R Roy	NEAL	ZA	10			2. DATE OF DEATH / E	16/93	YEAR 3	TIME OF DEATH
1	116-16-7683	116-16-7683 XXM 2 □ F 67 YRS.					IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 27, 1925 NEW YORK			ACE (State or Foreign ORK
TOR	9a. FACILITY NAME (If not institution, give street and number) HOWARD COUNTY GENERAL HOSPITAL RESIDENCE OF DECEDENT				96. CITY, TOWN OR LOCATION OF DEATH COLUMBIA					9c. COUNTY OF DEATH HOWARD		
DIRECTOR	10e. STATE MARYLAND 10b. COUNTY HOWARD				LUMB	R LOCAT	TION					Od. INSIDE CITY LIMITS?  YES 2- NO
FUNERAL	100. STREET AND NUMBER 10214 WESTWOOD						2104	4		τ	J.S.A.	AT COUNTRY?
B	11. MARITAL STATUS XXXXI 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? X IF YES, GIVE	NT EVER IN U.S. AF IX YES 2 1 WAR OR DATES	NO NO	- 1	f yes, sp	ENDENT Code XX NO	n, Mexica	NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	Black, 1	- American Indian, White, etc. HITE
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondery (0-12) 12	College (1-4 or 5	+)	CEDENT'S live kind of Do NOT u		CCUPATIO	ON ist of workin	ng	JOHN HO			Τ
	17. FATHER'S NAME (First, Middle, Lee LOUIS CHARBONN	EAU					18. MOT	HER'S NA	RNE (First, Middle, Maider	Sumame)	JENK	
TO BE	19e. INFORMANT'S NAME (Type/Print)								Route Number, City or Tox			
	RUTH D. CHARBO  20s, METHOD OF DISPOSITION  (X) Burlel 2 Gremation 3 Green Gre	Removal from State	20b PLACE	ANDDATE	DE DISPOS	ITIDN /No	me of			CATION -	City or Town	MARYLAND
	21. SIGNATURE OF PUREFUL SERVICE	with	2		LEI	NAME AN	M. &	SS OF FA	SELL C. W	TZKE	FUNE	RAL HOMES
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximata interval Between Onset and Death  Conset and Death  Approximata interval Between Onset and Death  Conset and Death											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significent conditions contributing to death but not resulting in the underlying						g ceuse	given in	Part I. 24a. WAS AF PERFO	_	0	RERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/O months of	Пери	OTHER	1:			eck only one)			
РНҮ	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3 F INJURY Day, Year)	28b. TIN		28c. INJ		sidence	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OC	CURED	
D BY	1: Natural 5 Pending 2 Accident Investiga 3 Suicide 6 Could no	tion 28e. PLACE (	OF INJURY — At ho		М	1 🗆 1	YES 2	NO	28f. LOCATION (Street City or Town, State	end Numbe	or or Aural Aou	ite Number,
LETE	4 Homicide determin										£10	
COMPLETE		PHYSICIAN: To the best of										nd manner as stated,
TO BE C	296, SIGNATURE AND TITLE OF SER		M.	) ,			29c. LICI	S ()	ABER	29d. DAT	TE SIGNED (M	fonth., Dey, Year)
0	MICHAEL H	· Keleme	n m.	M 27) (Type	, Print)	-Kn	0//	N	NIC COL	em 61	- Me	121045
7	31. DATE FILED (Month, Day, Year) 11 9 1993	gula David	ar's signature	e.								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ing physician.	the burial-transit permit. Pages 1, 2, 3 should	
arter death. Page to may be retained by the hospital or attend	by the funeral director, page 5 should be detached for use as the burial-transit permit moval.	ical examiner must be notified at once.
day requires that the beath certificate be executed within 24 hours	tificate has been signed by the attending physician and completely filled in by the fi e State Dept. of Heaith and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic event, the medi
TO THE HUSTING UN AFTENDING PHYSICIAN, THE	中中	IMPORTANT: If item 28 is marked, or item 2

31, DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

									93	20885
	1 - STATE OF MARYLI	AND / DEPAR CERTIF	RTMENT	OF HE	ALTH A	AND M				
	1. DECEDENT'S NAME (First, Middle, Last)		ICALE	OF	DEAL		2. DATE OF D	G. NO.		3. TIME OF DEATH
	ALLIE P. DUN	N					MONTH	DAY	g Z	1134 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (I	n yrs. last birthday)	IF UNDER 1		IF UNDER 2		7. DATE OF BI (Month, Day,		6. BIRTH	PLACE (State or Foreign
		7Q YRS.	MONTHS	DAYS	HOURS	MIN.		3 1914		
m	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. C									
DIRECTOR	Liberty Medical Center		Balt	imor	ce, M	Mary1	.and			
3	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OF	R LOCATIO	ON					10d, INSIDE CITY
	Maryland	Ba1	timor	e						LIMITS? 1 TYPES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f, Z	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
Ä	2140 Presstman St.			21	L217			USA		
	11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN FORCES? 1 YES	2 TNO	13. W	AS DECEN	NDENT OF	HISPANIC Maxican,	ORIGIN? (Spe Puerto Rican,	cify Yea or No-	14. RACE Black	— American Indien, Whits, atc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	TESA	1	YES 2	X NO	Specify:			Specif	Black
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OC	CUPATION			16b. KIND	OF BUSINESS/INC	DUSTRY	
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done at se retired.)	unng most	or working					
COMPLET	College 4	Teache	r						Pub.	lic Schools
	17. FATHER'S NAME (First, Middle, Last)			- 1				Maiden Surname)		
BE	James Parker  198. INFORMANT'S NAME (Type/Print)	405 MAIL ING	4000000				chards			
5	Jerov Carroll							y or Town, State, Zip		21217
	20s. METHOD OF DISPOSITION 20s. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION									
	1   Burial 2   Cremation 3   Removal from Stata   cemetery, crematory or other place)						Baltimo	-		
	21. SIGNATURE OF FUNERAL SERVICE OCCENSEE  22. NAME AND ADDRESS OF FACILITY  Nutter Funeral Homes, I						,20,			
	> geven face								221+0	21216
	2501 Gwynns Falls Parkway Balto., N  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,   Ag								Approximata	
	snock, or heart fellure. List only one cause on each line.									Onset and Death
	disease or condition resulting in death)	nary	Ede	emo						
	DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due to (or as a consequence of):  Cardiac Disease or conditions, Due to (or as a consequence of):  Cardiac Disease or condition of the consequence of the cause of							•		
CAT	If sny, leading to immediate cause. Enter UNDERLYING	iac	Ors	540	30					į l
Ē	CAUSE (Disease or Injury that initiated events	CONSEQUENCE OF	F):	0						
ER	resulting in deeth) LAST	erten	sio	<u></u>						
L C	PART II. Other significent conditions contributing to death but	it not resulting	In the und	lerlying o	ceuse giv	van in Pa	art I. 24a.	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL								PERFORMED? YES 2 NO		AMILABLE PRIOR TO COMPLETION OF CAUSE
Ä							_   ''	TES ZEINO		OF DEATH? 1 □ YES 2 □ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? HOSPITAL:		OTHER:		CE DF DEA	ATH (Check	k anly one)			
IYSI	1 NES 2 NO t Inpatient 2 ER/Outpe		4 🗆 Nursii	ng Home		dence 8	Other (Spec	elfy)		
	27. MANNER OF DEATH  28e. DATE OF INJURY (Montb, Day, Year)	67	E OF 2	WORK	(?		esd. DESCRIBE	HOW INJURY OC	CURED	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	Al home, ferm,			S 2 🔛	-	PRI LOCATION	(Street and Number	or Rumi Pa	nute Mumber
밀	4 Homicide determined building, inc. (Special	" (N/A		,, 0,,,0		1	City or Town	, State)	or nurai ne	oule Number,
Ä	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of the knowled		/	no dete ou	ed place a	and of the same		o		
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowled one)  2 MEDICAL EXAMINER: On the basis of samination									and manner as stated
S	29b. SIGNATURE AND TITLE OF CERTIFIER				9c. LICEN					Month, Day, Year)
0	// do Kellell /	2		Ι.	0	111-	99	≥ 54, DAI	2/	17/07
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)			110	1 .		7/	10110

ALLIE F DUNK

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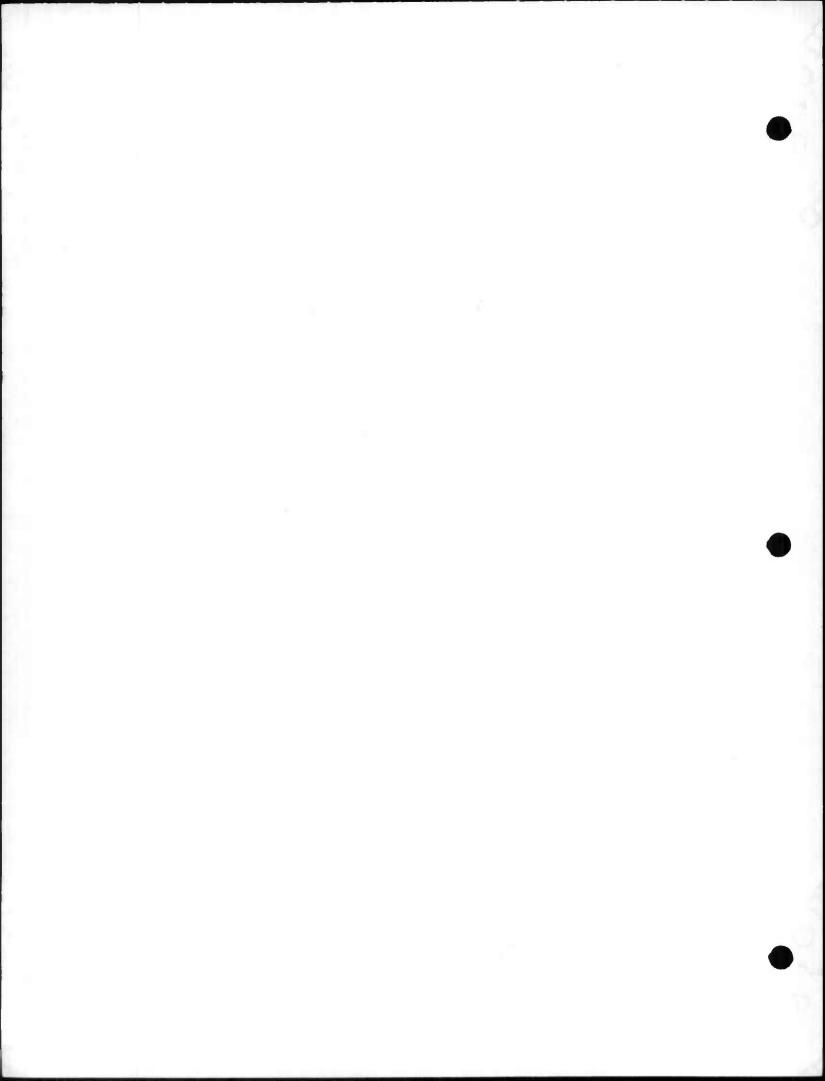
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PURCHURAN CONTRACTOR CONTRACTOR

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	per physi FOR STATE REGISTRAR		STATE OF I	MARYLAND (	/ DEPAI	RTMENT	OF I	HEALTH DEA	AND I	MENTAL HYGIE	,	3-	30886
	1. DECEDENT'S NAME (First		vis							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF LIMPLE	R 24 HRS.	July 17	. 19	93	HPLACE (State or Foreign
	214-50-555	56	1 0 M 2 🗆 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Coun	(ry)
	90. FACILITY NAME (If not in	nstitution, give s	street and number)			9b, CITY,	TOWN	OR LOCAT	ION OF DE	Jan. 26	194	UNITY OF I	Maine
E .	Francis So	ott F	Key					imo			30.00		JEAN .
5	RESIDENCE OF DEC	CEDENT											
DIRECTOR	10e. STATE	10b. COUNT				Y, TOWN O							10d. INSIDE CITY LIMITS?
	Md.		timore			Dund							1 TYES 2 NO
RA	8414 Kava		- Pd				101	1. ZIP COD	_				WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	irraugi	12. WAS DECEDEN	T 5155 1110					222			.S.A	
	1 Never Married 2	Merried	FORCES? 1	YES 2 [	NO	l li	if yes, sp	ecify Cubi	m, Mexica	HC ORIGIN? (Specify in, Puerto Rican, etc.)	fes or No-	14. RAC Blac	E — Americen Indian, ck, White, etc.
BY	3 Widowed 4 Divo	becard	IF YES, GIVE V	WAR OR DATES		1	I [] YES	2 XNO	Specify	y:		Spec	White
ED	15. DEC	EDENT'S EDU	CATION	16e.	DECEDENT	USUAL OC	CUPATIO	ON		16b. KIND OF E	USINESS/IN	DUSTRY	WITE 66
	Elementary/Secondary (6		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	aunng mo	ost of world	ng	1.00			
COMPLETED				A	rea	Mana	ger			South	ern	Md.	Oil
	17. FATHER'S NAME (First, M Alton L.									ME (First, Middle, Meld	n Surname)		
H	190. INFORMANT'S NAME (1									Grams			
유	Barbara S		llan							Route Number, City or T			24222
	20e. METHOD OF DISPOSIT	ION		Took BLAC	EANDDATE				ıu.	Baltimo			
	1 Burlet 2 Cremetto 4 Donation 5 Other	on 3 🗆 Rem	oval from State	cemetery,	cremetory or o	ther place)	- 1 - 1				OCATION -		
	21. SIGNATURE OF FUNERA		CENSEE	Met	ro Ci			ND ADDRE	SS OF FA	17/20	Balt	imor	`e
	D(3, 07	4		01						eral Ho			
$\vdash$	23. PART I. Enter the di	leases or a	complications the		don'th Do	71	10	Sol.	lers	Pt. Rd	. Dui	ndal	k 21222
	snock, or n	eert reliure.	List only one ceu	ise on each ii	ine.	iot enter	trie Itio	de oi dy	ing, suci	n as cerdied or res	piratory as	rrest,	Approximate interval Between
	iMMEDIATE CAUSE (Findisease or condition	nai	liva	2.610	· Λ (	0	1		21	-4 . 1			Onset and Death
	resulting in death)		e. OUE TO	(OR AS A CONS	SEQUENCE O	F):	- 10	302	109	il ato			36442
z	a market est			ROUN									2 MANTHE
[일]	Sequentially list conditi if any, leading to immed	diate	DUE TO	(OR AS A CONS	SEQUENCE O	F):							3
할	cause. Enter UNDERLYi CAUSE (Disease or inju		c	SEMIN	ATE	0	BL	7000	ER	CARC	you	A	dypt
CERTIFICATION	that initiated events resulting in death) LAS	т	00E 10	(OR AS A CONS	SEQUENCE O	F):							
B		-	d										
\ ¥	PART II. Other aignifica	nt condition	s contributing to	death but no	t reaulting	in the und	deriying	g cause	given in		N AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA										1 YES			COMPLETION OF CAUSE OF DEATH?
										_			1  YES 2  NO
Z													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only one)			
14S	1 YES 2 NO		1 Inpatient 2 28e. OATE OF		-	4 - Nurs	ing Hom		eldence	6 Other (Specify)			
	1 Netural 5	Pending	(Month, D	ay, Year)	28b. TIM	URY		RK?	7 40	28d. OEŞCRIBE HOW	INJURY OC	CURED	
D BY	2 Suloide	Investigation	28a. PLACE O	F INJURY — AI	home, farm, s	street, facto			J NO	281. LOCATION (Street	and Numba	r or Rural I	Bruda Number
ш		Could not be determined	building,	etc. (Specify)			,			City or Town, Star	9)	· or ribrary	Toda Homos,
님	29e, CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the beet of	my knowledge.	death occurs	ed at the ste	me, dete	end place	and due	to the ceuse(e) end m	enner en -	ted.	
COMPLET													e) and menner as stated.
ш	29b. SIGNATURE AND TITLE			al La	111				ENSE NUM				(Month, Day, Year)
TO B	すれている。	Y J ?	coll Oi	00	(MD)			0	1001		▶ ~	7/X	5/93
ř	30. NAME AND AODRESS OF	PERSON WH	To Pick	SE OF DEATH (IT	TEM 27) (Type,		٠. ٥	4.		M. P.L. As	-0.	11	
12	31. DATE FILED (Month, Day,	Year)	32 REQUETRA	R'S SIGNATUBE		7/1	47	2C0	TI	ney m	ENC.	M	TOMER
' I	au 26	1333	yruna va	UNICON-PK	MA TO THE								- 1



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

シグ

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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	FOR 1 . STATE	STATE OF I	MARYLAND /	DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIE	NE 93	20887		
	REGISTRAR				ICATE OF		REG. N				
	1. DECEDENT'S NAME (First, Middle, Last Edward	, Nexande	n Darr	/	Dawid)		0.00		3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		ST.	IF UNDER 24 HRS.	7. DATE OF BIRTH	6 199			
	214-20-7404	1 🔀 M 2 🗌 E	66	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	26 6	BIRTHPLACE (State or Foreign Country) MoLe		
~	Se. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
3OF	Francis Scott	t Key E.	<u>R.</u>		Balti	more C	ity				
DIRECTOR	10e. STATE 10b. COUNT	TY			, TOWN OR LOCA				10d. INSIDE CITY		
	100. STREET AND NUMBER		<del></del>		Baltimo				1 X YES 2 NO		
FUNERAL	336 Kane Street				10	21224			A.		
BY FUN	11. MARITAL STATUS  1 ☐ Never Married 2 ☒ Married  3 ☐ Widowed 4 ☐ Divorced	IF YES, GIVE W	XX YES 2 N		If yes, s	CENDENT OF HISPA pecify Cuben, Mexic 8 2 NO Spec	ANIC ORIGIN? (Specify Wan, Puerto Rican, etc.)	ne or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S ED	UCATION		CEDENT'S	USUAL OCCUPATI	ION	16b. KIND OF BI				
COMPLETED	(Specify only highest grad		(G		rork done during m e retired.)			Steel	RY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Alexander David	d (David)				18. MOTHER'S N.	AME (First, Middle, Maide Breck	n Sumeme)			
T0	19a. INFORMANT'S NAME (Type/Print) Shirley David		198	36 K	ane Str	and Number or Rural eet Balti	Route Number, City or To O., Md. 212	wn, State, Zip Co.	10)		
	20e. METHOD OF DISPOSITION  1 Suriel 2 Commetten 3 Res  4 Donation 5 Other (Specify)	novel from State	cemetery, cre	matory or gti	F DISPOSITION (N			OCATION — City			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	. 37. 3	xanı	22. NAME A	ND ADDRESS OF F	ACHUTY	lto., Mo			
	· Olale	D- Zer	Ju.						6224 Eastern		
	23. PART I. Enter the diseases, or shock, or heert fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cau	se on eech line				ch as cardiec or real		Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUENCE OF									
	resulting in death) LAST	d.			<i>j.</i>						
		d	death but not re	esulting in		d cause given in	Dart i 24a umo a	AUTOREV			
	PART II. Other significent condition	dna contributing to	death but not re	esulting in		g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
		dna contributing to	death but not re	esulting in		g cause given in	1 Part I. 24a, WAS AI PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	PART II. Other significent condition	d	death but not re	esulting in		g cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. P	LACE OF DEATH (C)	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	PART II. Other significent condition	HOSPITAL: 1   Inpatient 2c  28e. DATE OF	ER/Outpetlant 3	□ DOA	28. P OTHER: 4 □ Nursing Non	LACE OF DEATH (CA	PERFO 1   YES  TVJ  heck only one)  6   Other (Specify)	ectur	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:	ER/Outpetlant 3		28. P OTHER: 4   Nursing Non	LACE OF DEATH (CI	PERFO	ectur	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 S YES 2 NO  27. MANNER OF DEATH  1 Actural 5 Pending	HOSPITAL: 1   Inpatient   2x  28e. DATE OF (Month, Da	ER/Outpetlant 3	DOA 28b. TIME	28. P OTHER: 4   Nursing Non OF 28c. IN. RY W 1	LACE OF DEATH (CI	PERFO 1   YES  TVJ  heck only one)  6   Other (Specify)	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Setural 5 Pending investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFVING PNYS)	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da 28e. PLACE Of building, (	ER/Outpetlant 3 INJURY Py, Year) F INJURY — At horetc. (Specify) my knowledge, der	DOA 28b. TIME INJU	28. P OTHER: 4   Nursing Non OF   28c, IN. INY   M   1     Irrest, factory, officed at the time, date	LACE OF DEATH (CI	PERFO 1 PERFO 1 YES  TVJ  6 Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, Stelle	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  BUTS! Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Setural 5 Pending investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFVING PNYS)	HOSPITAL: 1 Inpatient 20 28e. DATE OF (Month, Date of the building, of the best of the best of the building).	ER/Outpetlant 3 INJURY Py, Year) F INJURY — At horetc. (Specify) my knowledge, der	DOA 28b. TIME INJU	28. P OTHER: 4   Nursing Non OF   28c, IN. INY   M   1     Irrest, factory, officed at the time, date	LACE OF DEATH (CI	PERFO 1 YES  TO YES  TO YES  TO Other (Specify)  2ed. DESCRIBE NOW  281. LOCATION (Street City or Town, Stets)  e to the cause(e) end mage time, date end place, e	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Setural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined  296. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  296. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL:    Impattent 2x    28e. DATE OF (Month, De 28e. PLACE Of building, of second continued of the cont	ER/Outpetlant 3 INJURY ny, Year)  FINJURY — At horetc. (Specify)  my knowledge, deal amination and/or in	28b. TIME INJU me, farm, st sth occurred	28. POTHER:  4  Nursing Non  OF 28c, IN, W  1  reet, factory, office d at the time, date i, in my opinion, of	LACE OF DEATH (C) ne 5  Rasidence JURY AT DRK? YES 2 NO ne ond place, end due death occured at the	PERFO 1 YES  TO YES  TO Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, Steet  e to the cause(e) end ma e time, date end place, e	INJURY OCCURI	AMMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Bural Route Number,		
BY PHYSICIAN: MEDICAL	PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Actural 5 Pending Investigation 3  Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1   Inpatient 2p  28e. DATE OF (Month, De 28e. PLACE OF building, of ER: On the best of ex ER NO COMPLETEO CAUS	ER/Outpetlant 3 INJURY — At hore etc. (Specify) my knowledge, declamination and/or in	DOA  28b. TIMEE INJU  The, farm, st  ath occurred The companies of the com	28. P OTHER: 4   Nursing Non OF 28c. IN. INY M 1   Irrest, factory, office d at the time, date in, in my opinion, of	LACE OF DEATH (C)  The 5 Realdence  JURY AT  PKS 2 NO  The open place, and due  death occurred at the  29c. LICENSE NU  O C C	PERFO 1 YES  TO YES  TO Other (Specify)  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, Steet  e to the cause(e) end ma e time, date end place, e	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,  Puse(e) and manner se stated.  GNEO (Month, Day, Year)  / 1 7 / 1993		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HIGHTAL OR ATTENDING PHYSICIAN. The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TWERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	M	lay Catheri	ne D'An	tonio		7 14	93	2:30P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Morth, Day, Year)		IPLACE (State or Foreign
	218 14 6885		7 YRS.	MONTHS DAYS	HOURS MIN.	7/18/25		ryland
~	9a. FACILITY NAME (If not institution, give :			9b. CITY, TOWN C	R LOCATION OF DEA	ATN	9c. COUNTY OF E	
DIRECTOR	St. Agnes Hosp	ital		Balt	imore		Cit	У
EC	10a. STATE 10b. COUNT	Υ	10c, CITY	TOWN OR LOCAT	ION			10d, INSIDE CITY
E	Maryland B	altimore		Cat	onsvill			LIMITS? 1 YES 27 NO
AL.	10e. STREET AND NUMBER				ZIP CODE	Le	10g. CITIZEN OF	
FUNERAL	1913 Clifden R	oad			21228	3	US.	Α .
5	11. MARITAL STATUS	12. WAS DECEDENT EVER A	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Year)		E — American Indian, k, White, atc.
ВУ	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		city Cuban, Maxican 2 X NO Specify:	, Puerto Rican, atc.)	Spec	lfv:
	15. DECEDENT'S EDU	ICATION	16. DECEMENTIN	IONAL OCCUPATIO				White
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S t (Give kind of we life. Do NOT use	ork done during mo: retired.)	n st of working	16b. KIND OF BUSII	NESS/INDUSTRY	
2	12th. Grade	College (1-4 or 5+)	Book	Кеере	r	Mov	ie The	atro
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			· recept		E (First, Middle, Meiden St		acre
BEC	Matthew J	. Doyle, J	r.		V	elma Cro	foot	
입	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING		nd Number or Rural Ro	oute Number, City or Town,	State, Zip Code)	
	Albert R. D'A		1913	Clifde	n Road	Catonsv	ille,M	21228
	20a METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	ioval from Stata 20t	netery, cremetory or oth	F DISPOSITION (Na per place)	ne of	OATE 20c. LOCA	ATION — City or To	rwn, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE OL	ake View	Memor	ial Par	k7/17 S	<u>ykesvi</u>	lle, MD
	XXX 2.	- July		MacNa	bb Fune	ral Home		21228
	George E. 1			301 F	rederic	k Road C	atonsv:	ille,MD
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that cause List only one cause on a	d the death. Do no each line.	ot anter tha mo	da of dylng, such	as cardiac or respire	ntory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition				2/41	Gul As	2-11	Onset and Death
	resulting in death)	a, Due vo (on ac	A CONSEQUENCE OF		Vin	1.01, 130	Just	10m
_	_	DOE TO (OR AS A	A CONSEQUENCE OF		( austin	In , As	TI	1/2
2	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF)	4	0. 1.0	)	1	24
3	cause, Enter UNDERLYING CAUSE (Disease or Injury	C		/	Jerry 1	Janen	Jan 100	ZN.
E	that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF)	:		, O		
CERTIFICATION	resolding in deadily exist	d						
AL	PART II. Other algnificant condition	na contributing to death t	out not resulting in	tha underlying	cause given in P	art i. 24m. WAS AN AI	UTOPSY 24b	WERE AUTOPSY FINDINGS
S						PERFORM  1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
WEL						_		OF DEATH?
z								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	k only one)		
YS	1 TES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA		5 🗆 Residence 8	Other (Specify)		
	27. MANNER OF DEATN  1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK7	28d. DESCRIBE HOW INJ	JURY OCCURED	
B	2 Accident Investigation	28s. PLACE OF INJURY	/ — Al home term et		ES 2 NO	and together to		
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spec	cify)	invet, inctory, office		28f. LOCATION (Street and City or Town, State)	a Number of Hurai i	oute Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	dados, daeth secume	Let the time date	and alone and do a			
MA I		ER: On the basis of axaminatio						and manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIE		1		29c/LIGENSE NUME			s out and the other transfer
8	CAR	(S) Frigh	al.		D3	90	29d. DATE SIGNED	1/9)
임	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF OF	ATN (ITEM, 27) (Type, I	Print)			//	, -
		24 STEV	> HOT	160				
	31. OATE FILED (Month, Day, Year)	. 32. REGISTRAR'S SIGN	ATURE	,				
	JUL 1 9 1993 9	who Deviden- To	WARE"					



1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

	1. DECEDENT'S NAME (First, A	Aiddle, Last)						2. DATE OF MONTH	DEATH	AY	YEAR	3. TIME OF OEATH
	KATHERINE  4. SOCIAL SECURITY NUMBER		D.		iPAUI		<del>-</del>	JULY		19	93	2:00 A.
			5. SEX	6. AGE (In yrs. Ia	st birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, L	Day, Year)		Count	
	212-07-0180 9a. FACILITY NAME (If not insti		Δ.	83	The.	95 CITY TOWN	OR LOCATION OF D		2/09	I a. 001	MA1	YLAND
DIRECTOR	MERIDIAN CAT	ONSVI		ING HOM	Ε		ONSVILLE				LTIM	
H.	10e. STATE	IOD. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
	MARYLAND	BA	LTIMORE			CATONS	VILLE					1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER	m ====				1	01. ZIP CODE			10g. CIT		WHAT COUNTRY?
NE	611 SOUTHMON	T ROA	12. WAS DECEDEN	IT EVER IN U.S. AI	RMED	12 3466 DI	21228	NIC OBIOINS	On - ald - W-		U.S.	
ВУ	1 Never Married 2 M 3 Widowed 4 Divorce	YES XXX	NO	If you, s	pecify Cuben, Maxic	an, Puerto Rican, etc.)			Blaci	E — American Indian, k, White, etc. **/** WHITE		
ED	15. DECED (Specify only h	DENT'S EDU	CATION completed)	-16a, DI	ECEDENT'S	USUAL OCCUPAT	TION	16b. KI	NO OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12		College (1-4 or 5	+)		work done during rise retired.)	lost or working					
MP	12 17. FATHER'S NAME (First, Midd				BOOKK	EEPER					11 CK	SHIPPING
BE CC	JOHN HO	RLAMU	JS					McCAR	TY			
2	19a. INFORMANT'S NAME (Type FRANK DIPAU	LA					and Number or Rural  AVENUE					21144
	20s. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremetion	3 🗌 Rem	oval from State			OF DISPOSITION (I		DATE	20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (S	_	ENSEE	- I GARD	ENS C	FAITH			BAL	TIMO	RE,	MARYLAND
	Lunce		Sunta	0		LEROY	M. & RU	ŠŠELL	C. W	LTZKE	E FUN	ERAL HOMES
-	23. PART I. Enter the dise	ARRAG DY	complications the	A noused the d	oth De							E, MD. 2122
	snock, or nee	rt tallure.	List Dnly Dne ceu	ise Dn eech iine	eath. DD I e.	not enter the m	ode of dying, suc	th as cerdis	c or respi	retory an	rest,	Approximata interval Between
	iMMEDIATE CAUSE (Finel disease or condition		CV	1								Onset and Death
İ	resulting in death)		DUE TO	(OR AS A CONSE	OUENCE O	F):						Lucep
Z	Sequentially list condition		. Toum	ertens	ica							4weeks
AT	if any, leading to immedia cause. Enter UNDERLYING	ate	MINE TO	(OR AS A CONSE	OUENCE OF	helli	4					
CERTIFICATION	CAUSE (Disease or Injury that initiated events		c. DUE TO	(OR AS A CONSE			95					
	resulting in death) LAST		d.									
2	PART II. Other algnificent	condition	e contribution to	double host man		- 4		-	-			
MEDICAL	TATE II. Other aignificent	condition	s contributing to	death but not	reauting	in the underlyi	ng cause given in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED								1	YES 2	NO		OF DEATH?
								-				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO BE EXAMINER?	MEDICAL				26. 1	PLACE OF DEATH (Ch	eck only one)				
YSIC	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	me 5 🗆 Rasidence	6 Other (S	pecify)			
		nding	26a. DATE OF (Month, D		28b. TIM INJ	URY W	JURY AT ORK? YES 2 NO	28d. DESCR	IBE HOW IN	NJURY OC	CURED	
D BY	3 Suicide 6 Co	uld not be	26e. PLACE O building,	F INJURY — At he	ome, term, s			261, LOCATIO	ON (Street a fown, State)	nd Number	or Rural F	loute Number,
<u>.</u>	-	annine q										
COMPLETE	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and menner se stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a)							) and manner as stated.				
шШ	29b. SIGNATURE AND TITLE OF						29c. LICENSE NUI					(Month, Day, Year)
TO B	Lair!	12,	Mun		1/2	24	10198	771		<b>&gt;</b> ;	7-	19-93
	DR DAVID MO			EAST D			LTIMORE,	MARYL	AND	212	27	
	31. DATE FILED (Month, Day, Yea		32. REGISTRA	R'S SIGNATURE								
U	_ յլլ 1 9 199	13 8	rupe wands	on-Aandee								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

REGISTRAR		CE				DEATH	WEI	REG. NO.	-			5
1. DECEDENT'S NAME (First, Middle, Last)							2. D/	TE OF DEATH			3. TIME OF DE	ATH
ETTA					E	PPS	M9	TY I	ğ	9531	1:50	A
	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH		8. BIRTH	PLACE (State or	Foreign
220-07-3497A	1 🗌 M 2 🗍 F	79	YRS.	MONTHS	DAYS	HOURS MIN.	I I	0 /2471	3	Countr	y)	
9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CIT	Y, TOWN	OR LOCATION OF E		/	9c. COU	INTY OF D	EATH	
ST.AGNES HOSP	PITAL			ВА	LTI	MORE						
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CI	TY
Md.			E	Balt	imo	re				- 1	LIMITS?	
10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY	
709 N. Longwo					$\perp$	212				U.	S.	
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2 XN	MED IO	- 1	II yes, sp	CENDENT OF HISPA Hecity Cubers, Mexic is 2 A NO Spec	an, Puer	GIN? (Specify Yee to Rican, etc.)	or No	14. RACE Black Specifi	- American In White, etc. y: Blace	
15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)		CEDENT'S			ON ost of working	1/2	16b. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Hfe.	Do NDT us	se retired.)	ouring mo	ist or working						
17. FATHER'S NAME (First, Middle, Last)		!				18. MOTHER'S N	AME (Firs	t, Middle, Maiden 3	Surnama1			
John Epps								npbell	Jorrania			
190. INFORMANT'S NAME (Type/Print) Helen Curry			-			and Number or Rural						
			. /			gwood S	St.					)augh
20e METHOD OF DISPOSITION  1- Buriel 2 Cremation 3 Remov  4 Donation 5 Other (Specify)	nl from State	AT DU				ark		/22/93		City or Ton		Id.
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		, ,	22	NAME A	ND ADDRESS OF F	1 . //				00. 1	10.1
Lifton	wein	un	1910	I	wa1 270	nwright O Edmor	rdso	neral on A <b>b</b> e	Hon 21	1e .223		
23. PART I. Enter the diseases, Dr co	mplications that ca	used the de	eth. Do n								Approxir	mate
shock, or heert feilure. Lis	at Dnly one ceuse [	on eech ilne.									Interval I	
disesse or condition resulting in death)	Arterios	scler	otic	: Ca	rdi	ovascu.	lar	Disea	se			
		AS A CONSEC										
Sequentially list conditions, b.												
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEO	UENCE OF	F):								
CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEO	LIENCE OF									
resulting in death) LAST			02.102 01	<i>r</i>							i	
d.											1	
PART II. Other significant conditions	contributing to dee	th but not re	esuiting i	n the ur	derlyln	g ceuse given In	Part I.	24a. WAS AN A		24b.	WERE AUTOPSY AVAILABLE PRIOR	
								1 _ YES 2			COMPLETION OF DF DEATH?	
								INQU			1 YES 2	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (C	heck only	one)				
TXTXYES 2 NO 1	☐ Inputient 2 X ER/		□ DOA	OTHER		e 5 🗆 Residence	6 🗆 Ot	her (Specify)				
27. MANNER OF DEATH  1 Neturel 5 Pending	28e. DATE OF INJU (Month, Day, Ye		28b. TIME	E OF URY	28c. INJ WO	URY AT RK?	28d. D	ESCRIBE HOW IN	JURY OC	CURED		
1 Naturel 5 Pending 2 Accident Investigation				М		ES 2 ND	<u></u>					
3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJ building, atc. (	IURY — At hon 'Specify)	ne, 1arm, s	treet, lect	iory, office		281. LC	OCATION (Street ar ity or Town, State)	nd Number	or Rural Ro	oute Number,	
29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my t	nowledge do-	th occur	el es st *	lma din	and plant A :						
(Check only one) 2 MEDICAL EXAMINER:	On the basis of examin	ation and/or in	ivestigation	n, in my o	opinion, d	eath occured at the	time, de	ite and place, end	due to th	ed. e ceuse(s)	end menner ee	stated.
296. SIGNATURE AND TITLE OF CERTIFIER	7.5					29c. LICENSE NU					(Month, Day, Yeer	
Theodon M. 71	me min					O.C.M			• (	7/1	8/93	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM										
THEODORE M. KI			Penn	1 St	ree	t, Bal	tim	ore, M	ary.	land	2120	)1
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S											

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE PARTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a loung after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MEDURIANE II Iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRA	R	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HEAL	TH AND	MENTAL HYG			
MIRI	AME (First, Middle, Lest, AM EINBIN	,				2. DATE OF DEATH MONTH		3 YEAR	3. TIME OF DEATH
4. SOCIAL SECUR	8011	1 - M 2 X F 78	YRS.	IONTHS DAYS HOU	51 250		,1914	Country	PLACE (State or Foreign W YORK
	NE (II not institution, give STON ADVEN	TIST HOSPITAL		TAKOMA			A	MONT	GOMERY
WASHING RESIDENCE 100. STATE MARYLAN	10b. COUN	CE GEORGE'S	2.2	TOWN DR LOCATION	VILLE				10d INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND 6724 25	number th AVENUE			10f. ZIP (	782				HAT COUNTRY?
11. MARITAL STAT  1 Never Marrie  3 Widowed	d 2 X Married	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 ND	13. WAS DECENOE If yes, specify ( 1  YES 2 /	Suban, Maxic	NIC ORIGIN? (Specifien, Puerto Rican, atc	y Yes or No-	14. RACE Black, Specifi	- American Indian, White, atc. V: WHITE
Elementary/Set 12 17. FATHER'S NAM	15. OECEDENT'S EO Specify only highest grad condary (0-12)	UCATION le completed) College (1-4 or 5+)		SUAL OCCUPATION rk done during most of w retired.)	orking	16b. KIND OF	BUSINESS/IND		WILL
ш∥ KUBEKI	E (First, Middle, Lest) ABELMAN		SALES			AME (First, Middle, Ma	RETAI	<u>L</u>	
0	EINBINDE		6724 25			T HYATTS	ILLE.	MARY	LAND 20782
1 Donation 5	Cremation 3 Rer	novel from State		DISPOSITION (Name of LON) CEMETE  22. NAME AND AD	DRESS OF FA	11/93 At	DELPHI,	MAR	YLAND
100	nald (	Stota	emyer	STEIN H 232 CAR	EBREW ROLL .	MEMORIAI STREET, N	L FUNER WW. WAS	AL HING	OME, INC. TON, DC
aho iMMEDIATE CA disease or con- resulting in dec	USE (Final dition	complications that cause List only one cause on a a	Mich	The A	wee of	1 The	perpiratory error	est,	Approximate interval Between Onset and Death
Sequentially its if any, leading cause. Enter UI CAUSE (Disease that initiated er resulting in date	to immediate NDERLYING e or injury vents	DIVE TO (OR AS A	CONSEQUENCE OF:	flori M	elle	fund the	ne		
PART II. Other	aignificant conditio	na contributing to deeth b	ut not reaulting in	the underlying ceu	se given in	PEF	S AN AUTOPSY RFDRMED? S 2 ND		WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	TERREO TO MEDICAL	HOSPITAL:			F DEATH (Ch	neck only one)			1 TES 2 NO
1 TYES 2 THE PROPERTY OF DE	EATH 5 Pending	1   Inpetient 2   ER/Outp				6 Other (Specify) 28d. DESCRIBE HO		UREO	
2 Accident 3 Suicide 4 Homicide	Investigation  6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, ferm, etre	10777		28f. LOCATION (St. City or Town, S	reet and Number itate)	or Rumi Ro	oute Number,
4 Hamilide  29s. CERTIFIER (Check only)  20s. 1	MEDICAL EXAMINE	MCAN: To the best of my know ER: On the basis of examination	edge, death occurred a and/or investigation,	at the time, deta and p	sca, and dus	to the cause(s) and time, data and place	manner as atele	od. a cause(a)	and manner as stated.
296. SIGNATURE A	DRESS OF PERSON W	HD COMPLETED CAUSE OF OE.	ATM (ITEM 27) (See Co.		198	MBER 91	29d. OATE	SIGNED (	Mghth, Day, Year)
Hbrah	Com B.	32. REGISTRAR'S SIGN	617- 4	404 6	nee.	nsber	7 Rd	R	iverdal m
JUL 1	7 1993	Jelie terler !	and M.			/			DHMH-16 Rev 1/89

The Continue

on 2 miles all

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	24	=	Š	š
0,	TO THE HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	-TO THE PINERAL DIRECTOR; After this certificate has been signed by the attending physician and completely fil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	8	8	hou	Tel.
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2. DATE OF DEATH 7-8-93 LLOYD **CLARK** SR. FREEMAN, 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🔲 M 2 🗌 F 220 36 3327 52 2-6-1941 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 2231 Christian Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION Maryland n a Baltimore FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 2231 Christian Street 21223 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 2 X NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Give kind of work done in Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9 17. FATHER'S NAME (First, Middle, Last) Frank Edward notified at Frank Freeman, Sr BE 19a. INFORMANT'S NAME (Type/Print) 9 Lloyd Freeman, Jr. pe 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 Cremation 3 ☐ Removal from State 20b. PLACE must director, 4 C Donation 5 Other (Specify) Metr 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade examiner filled in by the funeral on, or removal. Heorge Ma medical 23. PART I. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final completely filled rial, cremation, ( the diseese or condition HRONIC O resulting in death) other traumatic event, DUE TO (OR AS A CONSE signed by the attending physician and cor-Health and Mental Hygiene prior to burial, TOBACCO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSE if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSE that initiated events resulting in death) LAST 6 shows any injury, PHYSICIAN: MEDICAL PART II. Other aignificant conditions contributing to death but not Dept. 25. WAS CASE REFERRED TO MEDICAL Item certificate I HOSPITAL: 1 TES 2 NO llent 2 ER/Outpatient marked, or 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) with 1 1 Natural 2 Accident 5 Pending ВУ After 1 28s. PLACE OF INJURY — At he building, etc. (Specify) 3 Suicide ETED. 8 Could not be determined Item 28 is DIRECTOR: 4 Homicide

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

93 20892

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 NO

White

Maryland

USA

14. RACE — American Indian, Black, White, etc.

3. TIME OF DEATH

11:26 A M

9			Weld	er		S	teel	Manu	fact	oring
17. FATHER'S NAME (First, Middle, Last)	Frank Edv	vard Fr	reema	n,Sr	18. MOTHER'S NA	ME (First, M	iddle, Maiden Su	rname)		
Frank Fre	eman, Sr			·	Ger	trud	e XXX	XXXX	Gal	liher
19a. INFORMANT'S NAME (Type/Print)		19b. M	IAILING ADDR	RESS (Street a	nd Number or Rural F					
Lloyd Freem	an, Jr.		7155	Holal	oird Av	e,Ba	lto, M	D 21	222	
20a. METHOD OF DISPOSITION 1   Burial 2 Cremation 3   Re	emoval from State	20b. PLACE AND cemetery, cremat	DATE OF DISI	POSITION (Ne	me of	OATE		TION — City		200
4 ☼ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEED	Metro	Crem	ator	Inc.	7/17	Ba	<u>ltim</u>	ore.	MD
0,0	Ronald	Wade,	Dir		O ADDRESS OF FA				_	
Serz C'	Georg			655 Crei	W.Balt: nation	imor Soci	est,Ba	f Md	MD	21201 nc.
23. PART I. Enter the diseases, or shock, or heart failur	or complications that ca e. List only one cause of	used the death	n. Do not en	iter the mo	de of dying, suci	h aa cardi	ac or respira	tory arreat	,	Approximate interval Between
IMMEDIATE CAUSE (Final	nii. 1000 tuur 1000 tuus 1000									Onset and Death
disease or condition resulting in death)	. CHRON	IL OB	STRU(	TUE	PUMON	ALL	DISE	ASE		48925
	DOE 10 (OR	AS A CONSEQUE	INCE OF):							
Sequentially list conditions,	DUE TO (OR	AS A CONSEQUE	2072 S							4240
if any, leading to immediate cause. Enter UNDERLYING	552 10 (011	AS A CONSCOR	ince or j.						j	
CAUSE (Disease or injury that initiated events	c. DUE TO (OR	AS A CONSEQUE	INCE OF):							
resulting in death) LAST	d									
PART ii Other eignificant conditi	lone contributing to doe	ah hua maa naa	data a ta aba			· · · I				
PART ii. Other aignificant condition	ions contributing to dea	ith out not rest	utting in the	underlying	ceuse given in	Part I.	24a. WAS AN AL	JTOPSY	24b. WEI	RE AUTOPSY FINDINGS
							PERFORM	ED?		ILABLE PRIOR TO
						_	PERFORMI	4	COI	
						_		4	COI OF	ILABLE PRIOR TO WPLETION OF CAUSE
							1 - YES 2 \$	4	COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF OEATH (Ch		1 - YES 2 \$	4	COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
1 Tyes 2 NO	HOSPITAL: 1   Inpetient 2   ER		DOA 4 🗆	IER; Nursing Hom	ACE OF OEATH (Ch	eck only one	1	(NO	COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
EXAMINER?  1	HOSPITAL: 1   Inpatient 2   ER. 28s. DATE OF INJU	JRY 2		IER; Nursing Hom 28c. INJ WO	ACE OF OEATH (Chi	eck only one	1 - YES 2 )	(NO	COI OF 1	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   ER.  28e. DATE OF INJ. (Month, Day, Ye.)  28e. PLACE OF IN.	JRY 20	Bb. TIME OF INJURY	HER: Nursing Hom 28c. INJ WO 1 1 1	ACE OF OEATH (Chi	8 Other	1	URY OCCUR	COI OF 1	ILABLE PRIOR TO WHEETION OF CAUSE DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending investigation investigation.	HOSPITAL: 1 Inpetient 2 ER  28s. DATE OF INJU (Month, Day, W  28s. PLACE OF IN. building. etc.	JRY 20	Bb. TIME OF INJURY	HER: Nursing Hom 28c. INJ WO 1 1 1	ACE OF OEATH (Chi	ack only one  B Other  28d. DESC	1   YES 2	URY OCCUR	COI OF 1	ILABLE PRIOR TO WHEETION OF CAUSE DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending investigatio 3 Suicide 8 Could not be determined	HOSPITAL: 1   Inpetient 2   ER. 28e. DATE OF INJU (Month, Day, W. 28e. PLACE OF IN. building, etc.	JRY — At home, (Specify)	Bb. TIME OF INJURY N	HER: Nursing Hom 28c. INJ WO 1 1 1	ACE OF OEATH (Chi	8 Other 28d. DESC 28f. LOCA City o	1 VES 2 (Specify)  CRIBE HOW INJ	URY OCCURI	COI OF 1	ILABLE PRIOR TO WHEETION OF CAUSE DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PH	HOSPITAL: 1 Inpetient 2 ER. 28e. DATE OF INJU (Month, Day, W. 28e. PLACE OF IN. building, etc.  YSICIAN: To the best of my I	JRY 20 JURY — At home, (Specify)	ab. TIME OF INJURY No. farm, street,	HER: Nursing Hom  28c. INJ WO 1 1 1 factory, office	ACE OF OEATH (Chr.  5 N Residence JRY AT AIR? ES 2 NO	8 Other 28d. DESC 28f. LOCA City o	1 VES 2 (Specify)  CRIBE HOW INJ  TION (Street and r Town, State)	URY OCCURI	COP OF 1 [	MABLE PRIOR TO WHEETIN OF CAUSE DEATH?  YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending investigation  3 Suicide 8 Could not be determined  4 Homicide CENTIFIER (Check only one)  2 MEDICAL EXAMINER?	HOSPITAL:  1 Inpetient 2 ER.  28e. DATE OF INJ. (Month, Day, Y.  28e. PLACE OF IN. building, etc.  YSICIAN: To the best of my in the basis of examination of the basis of examination.	JRY 20 JURY — At home, (Specify)	ab. TIME OF INJURY No. farm, street,	HER: Nursing Hom  28c. INJ WO 1 1 1 factory, office	ACE OF OEATH (Chi	eck only one  8 Other  28d. DESC  28f. LOCA  City o	1 YES 2 (Specify)  CRIBE HOW INJ  TION (Street and r Town, State)	URY OCCURI	COI OF 1 C	MABLE PRIOR TO WHEETIN OF CAUSE DEATH?  YES 2 NO  Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PH	HOSPITAL:  1 Inpetient 2 ER.  28e. DATE OF INJ. (Month, Day, Y.  28e. PLACE OF IN. building, etc.  YSICIAN: To the best of my in the basis of examination of the basis of examination.	JRY 20 JURY — At home, (Specify)	ab. TIME OF INJURY No. farm, street,	HER: Nursing Hom  28c. INJ WO 1 1 1 factory, office	ACE OF OEATH (Chi	a Other 28d. DESC 28f. LOCA City o	1 YES 2 (Specify)  CRIBE HOW INJ  TION (Street and r Town, State)	URY OCCURI	COI OF 1 C	MABLE PRIOR TO WHEETIN OF CAUSE DEATH?  YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 8 Could not a determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1 Inpetient 2 ER  28e. DATE OF INJU (Month, Day, W Month, Day, W See PLACE OF IN, building, etc.  YSICIAN: To the best of my I	JURY — At home, (Specify)  knowledge, death	DOA 4 0 0 9b. TIME OF INJURY N n farm, street,	HER: Nursing Hom  28c. INJ WO 1 1 1 factory, office	ACE OF OEATH (Chi	a Other 28d. DESC 28f. LOCA City o	1 YES 2 (Specify)  CRIBE HOW INJ  TION (Street and r Town, State)	URY OCCURI	COI OF 1 C	MABLE PRIOR TO WHEETIN OF CAUSE DEATH?  YES 2 NO  Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not 8 determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON N	HOSPITAL:  1 Inpetient 2 ER.  28s. DATE OF INJ.  Month, Day, M.  28s. PLACE OF IN. building, etc.  YSICIAN: To the best of my interpretation of examination of examination of examination of the basis of examination of	JURY — At home, (Specify)  knowledge, death nation and/or inve	DOA 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HER: Nursing Hom 28c. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF OEATH (Che  5  Residence JRY AT  RK? ES 2 NO  and place, and due noth occured at the  29c. LICENSE NUM	a Other 28d. DESC 28f. LOCA City o	1 YES 2 (Specify) (Specify) TION (Street and r Town, State) se(e) and manne and place, and c	URY OCCURI	ED  ED  GNEO (Moo	MABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,  d manner as stated.  nth, Dey, Year)
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ITEMS: 23 PART I, 27, 28a-f, PER MEO G-701 7/20/93 t.t

CTATE OF MADVI AND / DEDARTMENT OF HEALTH AND MENTAL HYGIENE 93 20893

	1. DECEDENT'S NAME (First, ) TANYA	Middle, Last)	JOCELY	N		FI	SHE	R		2. DATE	OF DEATH	19	YEAR 93	3. TIME OF 0	EATH P
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH (h, Day, Year)		B. BIRTH	IPLACE (State of	Foreign
	219-19-0295		1 □ M 2 ☐ F	35	YRS.	MONTHS	DAYS	HOURS	MIN.	3-	25-58	E		r.MD	
~	9a. FACILITY NAME (If not inst							OR LOCATI			TILL TO	9c. COUNT	TY OF D	EATH	
5	MARYLAND G		RAL HOSP	PITAL	J	B.	ALT	IMOI	RE C	ITY					
DIRECTOR	10e. STATE	10b. COUN	TY		10c, CI	Y, TOWN O	OR LOCAT	TION						10d. INSIDE	ITY
H	Maryland				P	altin	noro							LIMITS?	
AL	10e. STREET AND NUMBER	100	11 120	4		arti		. ZIP COD	Ε			10g. CITIZ	EN OF W	WHAT COUNTR	
ER	1923 Druid H	Hill A	Avenue					21	217				TIC	SA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 h  3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO		If yes, spi	ENDENT C	F HISPAN	n, Puerto	N? (Specify Yes Rican, etc.)	s or No—	14. RACE	— American t, White, atc.	
0	15. DECE (Specify only	EDENT'S ED		1	16a. DECEDENT'S	EDENT'S USUAL OCCUPATION 16b. KIND OF BUSINES						SINESS/INDU	STRY	Diac	
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COMPL	12th Grade	Volunt	eer Y	outl			lor	Cultur	al Exc	char	ige Pro	ora			
	17. FATHER'S NAME (First, Mid							16. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)			
BE	William Ear		sher, Sr.								ohnson				
2	19a. INFORMANT'S NAME (Typ		3-								nber, City or Tow				
	Jacquelyn Co		sn	Lanta	1923				<i>r</i> enue					21217	
	1 A Burlai 2 Cremation 4 Donation 5 Other (	n 3 🗆 Rei	moval from State	cemet	PLACE AND DATE tery, cremetory or o	other place)				DAT		CATION — C			
			JCENSEE	- IAr	outus M	emori	AL I	DAPPRE	SS OF FA	7/	141Ba1	timore	2 Co	unty.	MD.
			21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Arbutus Memorial Park 17/14 Baltimore County  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes  2501 Gwynns Falls Parkway												
	23. PART I. Enter the dis- shock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert fallure	s. NARCOTI	C AND	ch lina.	not enter	tha mo	da of dy	≥ . Ma	rvl	and 2	1216		Appro- Interva Onset	lmats Betv
MIFICATION	shock, or his IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list conditio if sny, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injun that initiated events	oons, sliete NG	s. NARCOTI DUE TO  b	C AND (OR AS A C	DRUG	NTOX	tha mo	da of dy	≥ . Ma	rvl	and 2	1216		Approx	lmats Betv
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENI	E	
CERTIFICATE OF DEATH REG. NO.		
HETEN TYPES EDOUTING		

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND N	MENTAL HYGIEN	E		
	Helen Front		A FROHLI	//G		2. DATE OF DEATH	Z GEAR	3. TIME OF OEATH	
	140-54-5198	and the state of t				7. DATE OF BIRTH (Month, Day, Year)	Cou	ITHPLACE (State or Foreign intry) W York	
TOR	PA. FACILITY NAME (A not institution, give s HOWAYA CO GEY	treet and number)	9b.	() 1	MOLA	ATH	SC. SQUNTY OF	ONO .	
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY	
		ard	E11:	icott	City			LIMITS? 1 YES 2 X NO	
FUNERAL	3000 North Rid	ne Road		101.	ZIP CODE 2.	1043	3 U.S.A.		
ONE.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No.— 14. 84	CE — American Indian	
BY	1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES		If yes, spe	icify Cuben, Mexican 2 귳 NO Specify:	, Puerto Rican, etc.)	B1	eck, White, etc. echy: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos	N st of working	16b. KIND OF BUS			
MPL	8th		Home ma	ker		Own	Home		
	17. FATHER'S NAME (First, Middle, Last)					IE (First, Middle, Maiden			
8	Oswald Dambres  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street o		a MalWit			
2	Arline Streich	er				Potomac		0854	
	20e. METHOD OF DISPOSITION  1	ovel from State com	PLACE AND DATE OF DIS		me of	1	CATION — City or	,	
	21. SIGNATURE OF FUNERAL SERVICE LIG		airview		EYV D ADDRESS OF FAC		stfiel	d, N.J.	
	11)n Q /	20	M00544				P.A	MD icott City	
	23. PART I. Enter the diseases, or abook, or heart fallure	complications that caused List only one cause on ea	the death. Do not e	nter the mo	de of dylng, such	as cardiac or respi	ratory arrest,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Con	SISTIV	re	Heren	+ Fail	une-	Interval Between Onset and Death	
_	Sharana a para ta	DUE TO (OR AS A	CONSEQUENCE OF):						
NO	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A	CONSEQUENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	CONSEQUENCE OF:		·				
CERTIFICATION	that initiated events resulting in death) LAST	d.	CONSECUENCE OF):						
AL CE	PART II. Other significant condition	a contributing to death b	ut not resulting in th	e underlying	cause given in F	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
EDICA						PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC							X	OF DEATH? 1 YES 2 NQ	
AN:	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		HER:	ACE OF DEATH (Chec				
PHYSICIAN: M	27. MANNED OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJI	JRY AT	28d. OESCRIBE HOW IN	JURY OCCURED		
BY	Natural 5 Pending 2 Accident Investigation	280 PLACE OF IN HIPV	- At home, farm, street	M 1 🗆 Y	ES 2 NO				
TED	3 Suicide 8 Could not be determined	building, etc. (Spec	— At nome, term, street	, tactory, office		281. LOCATION (Street e. City or Town, State)	nd Number or Ruri	al Route Number,	
COMPLET		ICIAN: To the best of my knowl							
CO	2 MEDICAL EXAMINE	R: On the basis of examination	end/or Investigation, In	my opinion, de	esth occured at the t	ime, date and place, and	d due to the caus	e(s) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Thors			D20	708	29d. DATE SIGN	EO (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Print	- Lit	tle Part	exact	Cole	maynd	
13	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			<u> </u>				
14	1 1 9 1993 9	rule Davidson-Mon	rdell						

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TO THE HOSPITAL OR ATTENNION TO A The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after pure mills a page. State Day, of Health and Merital Pyglene point to burial committee. The committee of removal or the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after pure mills and the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after pure mills and the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after pure mills and the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after pure mills and the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after property and the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be for a filled by the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled by the page 5 should be detached for use as the burial-transit permit.	MANNER I I I I I I I I I I I I I I I I I I I
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FOR 1 - STATE REGISTRAR		STATE OF M	MARYLAN	D / DEPA	ARTMENT	OF I	HEALTH AND	MENTAL HYGIE	NE	•	20030	
1. DECEDENT'S NAME (First,	Middle, Last)				TOATE	<u> </u>	DEATH	2. DATE OF DEATH	0.		3. TIME OF DEATH	
CEDRIC	L.				FAI	R		JULY 14,	1993	YEAR	6:40 A M	
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In y	rs. lest birthdey			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State or Foreign	
216-88-519	4	1 XM 2 - F	30	YRS.	MONTHS	DAYS	HOURS MIN.	9/23/62		Coun	MD	
9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY,	TOWN	OR LOCATION OF DE	EATH	9c. CO	UNTY OF	DEATH	
THE JOHNS		NS HOSPI	ΓAL		BALT	IMC	RE CITY		BAL	TIMO	RE	
10a. STATE	10b. COUNTY	1		10c. C	NO NWOT, YTK	LOCA	TION			_	10d. INSIDE CITY	
MD					Baltim	ore	, MD				LIMITS?	
10e. STREET AND NUMBER							. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?	
816 N. Bra	dford	Street					21205		ľ	J.S.A		
						CE — American Indian, ck, White, stc.						
	edent's educ highest grade			(Give kind of life. Do NOT	of work done du use retired.)	iring mo	ON sst of working	16b. KIND OF B	USINESS/IN	IDUSTRY		
17. FATHER'S NAME (First, MI	iddle, Last)						18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)			
James Fa:	ir							ca Hill	,			
19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILI	NG ADDRESS (	Street a		Route Number, City or To	wn, State, Z	ip Code)		
Rebecca	Hill						ord St./			1205	5	
20e. METHOD OF DISPOSITI 1 XBurlel 2 Crematio 4 Donation 8 Other	n 3 🗆 Reme	oval from State	20b. PL	ACE AND DAT	E OF OISPOSIT	ete	ery	1		ocation — city or Town, State		
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	11	)	22. N	AME A	ND AODRESS OF FA	CILITY				
Nimette f. Mm.C. March F/H 1101 E. North Ave.							Ave.					
23. PART I. Enter the di shock or he	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between											
IMMEDIATE CAUSE (Fin disease or condition resulting in death)		Resp	(OR AS A CO	is FA	of):	e					Onset and Death	
Sequentially list conditi if sny, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS	diata NG ry	DUE TO	(OR AS A CO	NSEQUENCE	OF):						Zelpigs	

DIRECTOR	THE JOHNS HOPKINS HOSPITAL				E	BALTIMORE CITY				BALTIMORE	
EC	10a. STATE 10b. COUNTY			10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY	
PIE	MD					Baltimore, MD					LIMITS?
	10e. STREET AND NUMBER				2020	10f. ZIP CODE			10g, CIT	IZEN OF WHAT COUNTRY?	
ER/	816 N. Bradford Street						2120	5		1	.S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM				13. WAS	DECENDENT OF HIS	SPANIC OR	IGIN? (Spectfy Ye		14. RACE — American Indian, Black, White, etc.	
B	XX Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced  FORCES? 1 ☐ YES 2 ☐ MERRIES A SIVE WAR OR DATES AND DATES AN				1 0	, specify Cuben, Me YES 2 NO SK					
TE	(Specify onl	EDENT'S EDUC y highest grade		(Gi	CEDENT'S US ve kind of work Do NOT use n	done dude	ATION most of working		16b. KIND OF BU	SINESS/INI	DUSTRY
COMPLETED	Elementary/Secondary (0	)-12)	College (1-4 or 5+)		Inemployed						
S	17. FATHER'S NAME (First, M	liddle, Lest)					18. MOTHER'S	NAME (Fil	rst, Middle, Meiden	Surname)	
BE (	James Fa	ir					Reb	ecca	Hill		
2	19a. INFORMANT'S NAME (7	ype/Print)	-	19b	. MAILING AD	ORESS (Str	et and Number or Ru	ural Route f	Number, City or Tox	n, State, Zip	Code)
-	Rebecca	Hill		8	16 N.	Brad	ford St.	/ Ba	alto, M	ID 2	1205
	20e. METHOD OF DISPOSIT  1 XBuriel 2 Crematic  4 Donation 8 Other	(Specify)		20b. PLACE A	IMOLE"	Ceme:	IName of Lery			cation —	City or Town, State One, MD
	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE	-0			AND AODRESS OF				
	My	net	te n	you	160						orth Ave.
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock/or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Inhilated events resulting in death) LAST  Approximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d										
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.							RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
¥	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL				20	PLACE OF DEATH	(Check onl	y one)		
Sic	1 TES 2 THO		HOSPITAL: 1 Inpetient 2 - EF	VOulpatient 3		THER:	fome 5 🗆 Residen	ce 8 🗆 C	Other (Specify)		
> 1		Pending Investigation	28e. DATE OF INJ (Month, Day, )		28b. TIME O	/			Id. DESCRIBE HOW INJURY OCCURED		
TED B	3 Suicide 6	Could not be determined	28s. PLACE OF IN building, stc.	JURY — A1 hor (Specify)	ome, farm, street, factory, office 281. LOC City		LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner ee stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner ee stated.										
BE	296. SIGNATURE AND TITLE	2 M	0 P20.				29c. LICENSE	NUMBER 7-78		29d. DAT	E SIGNED (Month, Pey, Year)
10	30 HAME AND ADDRESS OF	- No	Lirs 6	Let pi	You Pri	nt)	BAZTI	nand	M	0	11111
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE											

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE	0F	/ DEPARTMENT		MENTAL	HYGIENE REG. NO.
		 		_	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	MENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH		
	Jewell K.	FERTIG				July 14	4 19	93 12:35p M		
	216-32-1013		(In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-20-1	Col	ATHPLACE (State or Foreign untry)		
U/	9a. FACILITY NAME (If not institution, give a	42	, ,	9b. CITY, TOWN C	PR LOCATION OF D		930 We:			
OR	Franklin Squ	are Hospit	al	Ess	ex					
E	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	γ	too CITY	TOWN OR LOCAT	1011		Balti			
DIRECTOR	Maryland Bali	IOC. CITY				10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	ZIMOI E		Balti 101	ZIP CODE		1 ☐ YES 2万%0			
FUNERAL	414 Carrollwoo	od Road			21220		USA			
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	s or No.— 14. R/	ACE — American Indien, ack, White, atc.		
B	3 X Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES XX	1 TYES	2 NO. Specif			white		
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S			16b. KIND OF BUS	SINESS/INOUSTRY	,		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working					
₩	8th 17. FATHER'S NAME (First, Middle, Last)		Homemak	er		Own He				
	Clyde	Shrader		i i	18. MOTHER'S NA De 1	ME (First, Middle, Meiden	Surname)	Grimes		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	vn. Stete. Zip Code)	OTTMCS		
임	Mr. Randall W	Fertia, S				Rd.,Balte		21220		
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem	20b	PLACE AND DATE O	F DISPOSITION /Na			CATION — City or			
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	Mt	. View	Cemete	ry 7-	17-93 Ma:	rlinto	n, WVA		
		A. /			Reenan	cium 1 Funeral	Home			
	Munkeller 22 24 25 25 25 25 25 25 25 25 25 25 25 25 25	- Hack	M00535	Mar	1 intam	Wast V	/iraini	a 24954		
		List only one cause on a	ach lina.	ot enter the mo	de of dyling, auc	h as cardiac or reepi	iratory arreat,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	Arythmia						Onset and Death		
	resulting in death)		CONSEQUENCE OF	:						
NO	Sequentially list conditions, Carbon Dioxide Narcosis									
ATI	if any, leading to immediate		Chronic		tiro Dul	monour Dia	0000			
IFIC	thet initiated events	c End Stage OUE TO (OR AS A	CONSEQUENCE OF	:	Live rui	monary Dis	ease			
CERTIFICATION	resulting in death) LAST	d								
AL C	PART II. Other algnificent condition	s contributing to deeth b	ut not resulting in	the underlying	ceuee given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
						1   YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC							Va vie	OF DEATH?  1 YES 2 NO		
Ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 LNO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
HYS	27. MANNER OF DEATH	1 ØHnpatient 2 ☐ ER/Outp 28e. DATE OF INJURY	atient 3 DOA			8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WO		200.0240.002.000	NOON COCONED			
100	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rura	If Route Number,		
	4 Homicide determined					Only or rown, orally				
COMPLETED		CIAN: To the beat of my knowl								
Ö		R: On the Masie of exemination	end/or investigation	, in my opinion, de	eath occured at the	time, date end place, an	d due to the cause	e(e) and manner as stated,		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mary 11/1/			29c. LICENSE NUN	ABER	29d. OATE SIGNI	EO (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)			4 11	717 7		
	Dr. Ali Sanai MD	\ //			e Drive	21237				
101	31. DATE FILED (Month, Day, Ybar)	32. REGISTRAR'S SIGNA	ATURE	· · · · · · · · · · · · · · · · · · ·	HIVE	4.17.)/				
	<u>JUL 1 9 1993</u>	Julia Davidson	-Handell							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burrial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARY		ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	93	20897.
	1. DECEDENT'S NAME (First, Middle, Last) Nannie	Gooch	TE OF DEATH	2. DATE OF DEATH DAY	1993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER $237-40-0854D$ 5. SEX 1 $\square$ M 2/X/X F	79 YRS. MONT	NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number)  Seton Hill Manor N/H	9b.	Baltimore	EATH	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY	Balto	WN OR LOCATION			10d. INSIDE CITY LIMITS?  1X YES 2 NO
FUNERAL	2111 N. Ellamont Street		10f. ZIP CODE 21216		U.S.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	ES 2V NO	13. WAS DECENDENT OF HISPAI If yes, specify Ouban, Maxics 1 YES 2 NO Specif	m, Puerto Rican, etc.)	or No- 14. RAC Black	E — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use get DOMESTIC	tone during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Albert Morton		16. MOTHER'S NA Lelia	ME (First, Middle, Maiden Morgan	Sumame)	
TO E	190. INFORMANT'S NAME (Type/Print) Lenella Ruffin	19b. MAILING ADD 2111 E1	ness (Street and Number or Rural lamont St. Bal	to, Md 21	n, State, Zip Code) 216	
	20. METHOD OF DISPOSITION 1 Method 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF OF PROBLEM CONTROL OF CO	DISPOSITION (Name ther place Cemetery 22. NAME AND ADDRESS OF FA	7/18/93	Wendell,	
	1 me + hmc	Ison Je	March F/H We		Wabash	Avenue
	23. PART / Enter the diseases, or complications that deumock, or heart fellure. List only one ceuse of immediate CAUSE (Finel disease or condition resulting in death)  DUE TO (OR A	n aach lina.	fic Cardio; Renal fai			Approximate interval Between Onset and Death  Menths
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	AS A CONSEQUENCE OF):	Kenal tai	lure		
PHYSICIAN: MEDICAL CI	PART II. Other aignificant conditions contributing to deat	h but not resulting in th	ne underlying ceuse given in	Part i. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 200 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO 1 Input lant 2 PR/C	9V	26. PLACE OF DEATH (C			
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending (Month, Day, Yea	RY 28b. TIME OF	Nursing Home 5   Residence   28c. INJURY AT WORK?   M   1   YES 2   NO	28d. DESCRIBE HOW I	NJURY OCCURED	
	2 Piccionii	URY — At home, farm, street Specify)	t, tactory, offica	28t. LOCATION (Street of City or Town, State)		l Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my king one) 2 MEDICAL EXAMINER: On the basis of sxamin					(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	D	29c. LICENSE NU		29d. DATE SIGNE	ED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOHN FILED (Mynim 99%)

JULY FILED (Mynim 99%)

JULY 32/85/8488 (MANAGEMENT)



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	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF H	IEALTH AND N	MENTAL HYGIEN		_
	1. DECEOENT'S NAME (First, Middle, Last)  GULLE  4. SOCIAL SECURITY HUMBER  220 0 9 69 69	5. SEX 6. AGE (In)	yrs. lest birthdey)	F UNDER 1 YEAR KONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7 93	SHITHPLACE (State or Foreign Marylan
DIRECTOR	9e. FACILITY HAME (If not institution, give PRESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	SPITAL		Balt	IN OFE		<del></del>	Y OF DEATH
	Md. Bal	timore		Dunda	130		10g. CITIZEI	LIMITS?  1 YES 2 NO  N OF WHAT COUNTRY?
FUNERAL	7019 Sollers	Point Rd.  12. WAS DECEDENT EVER IN U. FORCES? 1 TYES	S ARMED	13. WAS DEC	21222 ENOEHT OF HISPANI	C ORIGIN? (Specify Yes	U.	S.A.
ED BY F	1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDU	IF YES, GIVE WAR OR DATE	es "	1 TES		, Puerto Rican, atc.)		Specify: White
PLET	(Specify only highest grade	College (1-4 or 5+)	tite. Do NOT use	k done during mo:	st of working	16b. KIHD OF BU	SIHESS/INDUS	ТЯУ
5	17. FATHER'S HAME (First, Middle, Lest)  Jesse S. Bra	dford				E (First, Middle, Meiden		
TO BE	19a. INFORMANT'S HAME (Type/Print)  Douglas Gulled		7019	Soller	s Pt. F	oute Number, City or Tow Rd. Dund:		
HUSI	20s METHOO OF DISPOSITION 1 (ABurlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGHATURE OF FUHERAL SERVICE LI	camate	ACEAHDDATEDF ry, cremetory or othe Dak L	r place)	me of	7/21 B	CATION — CH	or Town, Stata
examiner	23. PART I. Enter the disesses, or	Connel	ly no fighth. Do not	7110	Sollers	Pt Bd	Dun	Oundalk dalk 21222
מבנווי, ווופ וופחוכש	shock, or hasri failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO COR AS A CO	ilina.	ydo	A Q P	as cardiac or respi	ratory arreat	Approximate Interval Batw Onset and De
RTIFICATION	Sequentisity flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	1	fou	leer			
MEDICAL	PART II. Other significant condition	s contributing to death but	not resulting in	tha underlying	cause given in P	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Chec			
BY PHY	27. MAHNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IHJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU	JRY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED
E 0	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or i	Rural Route Number,
:  ≌		CIAN: To the best of my knowledg						ause(a) and manner as stated
TO BE CON	296. SIGNATURE AND TITLE OF CERTIFIED	14.			29c. LICENSE HUME	DER	29d. DATE SI	GNED (Month, Day, Year)
	30. HAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF OEATH	(ITEM 27) (Type, Pri	int)				
6	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE					

ITEMS: 23 PART I, 27, PER MEO G-701 7/29/93 t.t

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF FICATE OF		MENTAL	REG. NO.	9:	) 4	0899
	1. DECEDENT'S NAME (First, Middle, Last	)		-114.34		2. DATE	OF DEATH		YEAR 3.	TIME OF DEATH
	GLENN	D.			ROSS, JR.	07	15	V .		:34 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	MONTHS DAYS	HOURS MIN.	(Month	DF BIRTH , Dey, Year)		Country)	ACE (State or Foreign
	NONE  9a. FACILITY NAME (If not institution, give	Α .	1110.	9b CITY TOWN	OR LOCATION OF D		E 4,19	93 9c, COUNT	MARY	
OB	3327 W.GARRIS				MORE CI			BC. COOM	T OF DEAL	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	TY	10c. CI	TY, TOWN OR LOC	ATION				10	d. INSIDE CITY
PHO	MARYLAND			BALTIM	ORE				1)	LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 3327 W. GARRISON	AVENUE		1	0f. ZIP CODE 21215			U.S.	OF WHA	A.
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		CENDENT OF HISPA		? (Specify Yee o		4. RACE -	American Indian.
BY	1 🎉 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			pecify Cuben, Mexico S 2 NO Specif		licen, etc.)		Specify:	BLACK
8	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	(Give kind of	S USUAL OCCUPAT	ION nost of working	16b.	KIND OF BUSI	NESS/INDU	STRY	The second
COMPLET	Elementary/Secondary (0-12) NONE	College (1-4 or 5+)	ilfe. Do NOT	NONE						
E CO	17. FATHER'S NAME (First, Middle, Lest) GLEN DARREN GRO	SS			18. MOTHER'S NA			urname)		
TO BE	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Numb	er, City or Town,			
	MISS VONITA MOL	-2.1			ISON AVE					LAND 21215
	20e METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	moval from State 201		OF DISPOSITION (I		DATE		TMODE		YLAND
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SUDDEN DUE TO (OR AS	I N F A N T		SYNDROM	E				Onset and Death
NOL	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS	A CONSEQUENCE (	OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
CERTIFICATION	that initiated events resulting in death) LAST	d.	A CONSEQUENCE (	OF):						
AL CI	PART II. Other algolficant condition	one contributing to death i	out not resulting	In the underlyle	ng ceuse given in	Part I.	24a. WAS AN A		24b. WE	RE AUTOPSY FINDINGS
20							PERFORM		CC	AILABLE PRIOR TO IMPLETION DF CAUSE DEATH?
MEDICA		***				_				YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. (	PLACE OF DEATH (CA	eck only one	a)	-		
rsic	EXAMINER?  1 XYES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 X Residence	6 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH  K Natural 5 Pending  2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞ	CRIBE HOW IN.	JURY OCCU	RED	
	3 Suicide 6 Could not b	25a PLACE OF INJURY	f — At home, farm, cify)	street, factory, off	Ice	281. LOCA City o	ATION (Street en or Town, State)	d Number o	r Rural Rout	e Number,
COMPLETED	000)	SICIAN: To the best of my know NER: On the beele of examination								nd manner ee stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFI				29c, LICENSE NU	MBER		29d, DATE	SIGNED (Me	onth, Day, Year)
TO BE COMPLET	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (3-	e Print)	O.C.M.	E.		/-	-16-	1993
	THEODORE M.K				eet, Ba	ltin	nore,	Mary	land	d 21201

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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TIEGISTI ATT												
1. DECEDENT'S NAME (First, Middle, Last) NANCY	L,		GRAY					2. DATE C		Y 1	993	7:14
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 VEAD	IF UNDER	9 94 LPM	7. DATE O	E DIDE	J		
215-24-5089	1 M 2 F	O. AGE IN YIS. 185		MONTHS	DAYS	HOURS	MIN,	(Month,	Day, Year)			HPLACE (State or For
9a. FACILITY NAME (If not institution, give	street and number)	-11	72.47	9b, CITY,	TOWN C	R LOCATE	ON OF D		1122	9c. COU	INTY OF C	DEATH
1609 ENSOF	STREET				BAI	ттт	ORE	CIT	V			more
RESIDENCE OF DECEDENT	OTTELL					- 1 - 1 - 1 - 1 ·	TO ICE	011	-the	Da	1111	поте
10a. STATE 10b. COUNT	ry		10c. CITY,	, TOWN O	R LOCAT	ION						10d. INSIDE CITY
Md Balt	imore		Ba	lti	mor	e						TYES 2
10s. STREET AND NUMBER						ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
1609 Ensor Str	eet				2	120	2			Bal	time	ore
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	IMED						(Specify Yes		14. BAC	E - American India
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, OIVE W	YES 2 XII	10	1	If yes, spe	2 NO	Specif	nn, Puarto Ri y:	ican, etc.)		Spec	ok, White, etc.
15. OECEDENT'S EO	JCATION		CEDENT'S U		CCUPATIO	N		16b.	KINO OF BUS	SINESS/INI	DUSTRY	27.10
(Specify only highest grad	College (1-4 or 5 +	) Iffe.	ive kind of wo . Do NOT use	Lbeniter e		st of working						
Grammer				DC	Jilles	SLIC						
17. FATHER'S NAME (First, Middle, Last)						18, MOTI	HER'S NA	ME (First, M	iddle, Maiden	Surname)		
WILLIAM COY									SCOT	T		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street s	nd Number	r or Rural	Floute Numbe	er, City or Yow		p Code)	
JAMES GRAY									LTIM	,,,	/	. 2120
20a. METHOD OF DISPOSITION		20b. PLACE				_		DATE		CATION -		
t Burial 2 Cremation 3 Ren	noval from State	OURNER!	STOKE OF	RAPPP	STO	1 CEN	N 7/	17/93		BERL	-	
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that List only one ceu	se on each line		M/A	ARCH	da of dy	ing, suc	h as cardi	ec or respi	iratory ar	rest,	th Aver
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	complications that List only one ceu a. Due To b. Due To c. Due To d.	(OR AS A CONSECTION AS A CONSE	OUENCE OF)	MA pot enter	ARCH the mo	da of dy	ing, suc	th as cardi		iratory ar	rest,	Approxima
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	complications that List only one ceu a. Due To b. Due To c. Due To d.	(OR AS A CONSECTION AS A CONSE	OUENCE OF)	MA pot enter	ARCH the mo	da of dy	ing, suc	th as cardi	ec or respi	AUTOPSY IMED?	rest, I ax	Approxima
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	complications that List only one ceu a. Due To b. Due To c. Due To d.	(OR AS A CONSECTION AS A CONSE	OUENCE OF)	MA pot enter	ARCH the mod	H F/da of dy	given in	Part I.	COLC	AUTOPSY IMED?	rest, I ax	Approxima Interval Be Onset and Conset and C
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23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1   Yes 2   No  27. MANNER OF OEATH  1. Natural 5   Pending Investigation	complications that List only one ceu a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, Due	(OR AS A CONSECTION OF AS A CONS	DUENCE OF) DUENCE OF) DUENCE OF) DOUBLE OF) DOUBLE OF) DOUBLE OF) DOUBLE OF)	OTHER A DIVINITY M	26. PL 3: sing Hom 28c. INJ	da of dy  DSCU  G CBUSE 9  ACE OF D  S X RI  URY AT  PK7  (ES 2	given in	Part I.  Part I.  Bull Other  28d. DESC	24a. WAS AN PERFOR	AUTOPSY MAED?	24t	Approxima Interval Be Onset and Conset and C
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in death) LAST  PART II. Other significant conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  Natural 5 Pending	complications that List only one ceu  a. DUE TO  b. DUE TO  d	(OR AS A CONSECTION OF AS A CONS	DUENCE OF) DUENCE OF) DUENCE OF) DOUBLE OF) DOUBLE OF) DOUBLE OF) DOUBLE OF)	OTHER A DIVINITY M	26. PL 3: sing Hom 28c. INJ	da of dy  DSCU  G CBUSE 9  ACE OF D  S X RI  URY AT  PK7  (ES 2	given in	Part I.  Part I.  28d. DESC	24a. WAS AN PERFOR	AUTOPSY MAED?	24t	Approxima Interval Be Onset and Conset and C
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23. PART I. Entar the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other admiticant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 5 Could not be detarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	complications that List only one ceu a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatiant 2 28a. PLACE Of (Month, Do building, December 2) SICIAN: To the basis of as	(OR AS A CONSECTION OF AS A CONS	DUENCE OF)  DUENCE OF)  DUENCE OF)  Treculting in  28b. Time inju	OTHER 4 Nurse of factors of the the times, factors of the times, f	ARCH the moderlying 26. Pt. 3: sling Hom 28c. INJI ory, office	da of dy  DS CL  G CBUSE 9  ACE OF D	given in DEATH (Chasidence NO	Part I.  Part I.  28d. DESC.  28d. LOCA City on	24a. WAS AN PERFOR	AUTOPSY MAD NO NAJURY OC and Number as standed due to the 29d. DAT	24t	Approxima Interval Be Onset and Conset and C
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 5 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINERY  1 CERTIFIER (Check only one)	complications that List only one ceu a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatiant 2 28a. PLACE Of (Month, Do building, December 2) SICIAN: To the basis of as	(OR AS A CONSECTION OF AS A CONS	DUENCE OF)  DUENCE OF)  DUENCE OF)  Treculting in  28b. Time inju	OTHER 4 Nurse of factors of the the times, factors of the times, f	ARCH the moderlying 26. Pt. 3: sling Hom 28c. INJI ory, office	da of dy  DS CL  G CBUSE 9  ACE OF D	given in	Part I.  Part I.  28d. DESC.  28d. LOCA City on	24a. WAS AN PERFOR	AUTOPSY TIMED?  NO  NJURY OC  snd Number  nner se sta	24th	Approxima Interval Be Onset and Conset and C

	1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF I		MENTAL HYGIE		3 20901
	1. DECEDENT'S NAME (First, Middle, Lest)	a 2				2. DATE OF DEATH		3. TIME OF DEATH
	ELA War Edwar	d CGorauci	h.Sn.	5 K		7-16-1		AR 2 30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In vrs.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 9 - 191	8.1	BIRTHPLACE (State or Foreign country)  ARULAND
	9e. FACILITY NAME (If not institution, give street	A		9b. CITY, TOWN	OR LOCATION OF E		9c. COUNTY	ar.
DIRECTOR	St. Jospeh	Hospital a		70W	5017	Towson	Ba	ltimone e
	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	7	Inc CIT	Y, TOWN OR LOCA	TION			
E E	Md		100.011					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			Balti	MORE.		10a CITIZEN	1 √ YES 2 □ NO OF WHAT COUNTRY?
EN	2817 Chesley As	10			21234	t		S.A.
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Y	e or No 14.	RACE — American Indian.
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 11 YES 2 FYES, GIVE WAR OR DATES	NO	If yee, so	ecify Cuban, Mexic 3 2 DoNO Spec	an, Puerto Rican, etc.)		Black, White, etc.
		<u> </u>						White
TED	15. DECEDENT'S EOUCAT (Specify only highest grade co.	mpleted)	Give kind of	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b. KIND OF BI	JSINESS/INDUST	RY
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)		Retai		0.00	n of	. (1
COMPLET	17. FATHER'S NAME (First, Middle, Last)		ul en	necue.		AME (First, Middle, Maide		Store
BE C	Charles P. Gons	ruch						
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Frazien Route Number, City or To	wn, State, Zip Cod	(e)
2	Mrs. Margaret L.		2817			Balto.,		
	20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remova	20b. PLAC	E AND DATE (	OF DISPOSITION /N			OCATION City	
	4 Donation 5 Other (Specify)	- Dul	C.N.E.U	Valle	Cem.	7/19 B	alto.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	0	22. NAME A	ND ADORESS OF F	ACILITÝ	,	
	bay D. &	mith		7522	LLey III	Ller Fun	eral T	ome Ad. 21234
	23. PART i Enter the diseases, or con	npiications that caused the	daath. Do r	not entar tha mo	ode of dying, suc	ch se cardisc or res	piratory srrest,	Approximate
	IMMEDIATE CAUSE (Final	All choon seems						Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CONS	zestne	e hunt	faile	re due 1	10	yens.
						ulines and	, ,	0
ON	Sequentially list conditions, b.	DUE TO (OR AS A CONS	FOUENCE OF	ro o Clera	us co	when and	~ dus	ie gem.
AT	if any, leading to immediata cause. Enter UNDERLYING	NIT 2	. 16	tur				vens.
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF	F):				10
F	resulting in desth) LAST	Wyner of	2 1	Heedm	i.			2 weeks.
디즈	PART ii. Other algnificant conditions of	contributing to death but not	t resulting l	n the underhild	Y alvan in	Part I. 24s. WAS A	u aumanau T	
S	Chamis and	Milm	cho	day	to Was	Denes	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
EDIC	a let to	112-			10000	1 D YES	2 🗌 NO	OF DEATH?
¥ .;	to chin, mo					-		1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (C	heck only one)		
)is		OSPITAL:  Inpatient 2 ER/Outpatient	3 DOA	OTHER:	e 5 Residence	6 Other (Specify)		
PHY	27. MANNER OF OEATH	26e. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c. INJ		28d. DESCRIBE HOW	INJURY OCCURE	D
BY	1 Natural 5 Pending 2 Accident Investigation	, , , , , , ,		4.4	YES 2 NO			
8	3 Suicide 8 Could not be	28e. PLACE OF INJURY — All building, etc. (Specify)	home, farm, a	street, factory, offic	•	281. LOCATION (Street City or Town, State		ural Route Number,
	4 Homicide determined							
COMPLET		N: To the best of my knowledge,						
ố	one) 2 MEDICAL EXAMINER:	On the basis of examination end/o	or investigatio	n, in my opinion, d	leath occured at the	time, date end place, e	nd due to the ceu	use(e) end manner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIG	NED (Month, Day, Year)
0	1 stindy Dode !	en mis.			\$1950	18	1 7/	14/93
	30. NAME AND ADDRESS OF PERSON WHO CO	DE LEON	EM 27) (Type,	T. JOS	EPH H	USPITAL	TUWSON	1,MD-2/204
7	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	200					,
40	201 1 .000			1				

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9c. COUNTY OF DEATH

USA

Specify

2. DATE OF DEATH MONTH 0 7 1

7. DATE OF BIRTH (Month, Day, Year) 10/29/1924

15

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

209-22-8345

WILLIAM A.

9a. FACILITY NAME (If not institution, give street and number)

HOLLAND, SR.

6. AGE (In yrs. last birthday)

YRS.

68

5. SEX

1 3 M 2 F

IF UNDER 1 YEAR

JE LINDER 24 HRS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) MO =

Burkittsville

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1X YES 2 □ NO

**Black** 

Approximata Intarvai Betwean Onset and Daath

5 menus

6 years

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 NO

1	ę	¥
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit permit. In removal
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hours after death with the State Deot, of Health and Mental Hymlene prior to burial, cremation, or removal

(RES.) AVENUE FUNERAL DIRECTOR 2508 W. FOREST PARK BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION MARYLAND BALTIMORE 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2508 W. FOREST PARK AVENUE 21215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: BY **¾** Widowed 4 □ Divorced 8/20/51 9/22/67 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 12th be notified at once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALBERT J. HOLLAND BE **MEDORA** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THOMAS WM. HOLLAND 13 FARMINGTON COURT BALTIMORE, MD 21244 20e. METHOD OF DISPOSITION

1 Separation 3 Germoval from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Garrison Forest Vet. Cem. Owings Mills, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE the medical 23. PART L'Enter tha diseases, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrast, shock, or heart failure let only one cause on each line. IMMEDIATE CAUSE (Final Carchorospiratory Arrest oue to (or as a consequence of): Metastatic Adenocarcinomo prostate disease or condition resulting in death) Injury, or other traumatic event, MEDICAL CERTIFICATION Sequantially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents Hypertensia resulting in daath) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying causa given in Part i. 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TYES 2 NO has been signer Dept. of Health OR ATTENDING PHYSICIAN: The law requires PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) the State I **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 1 Natural TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is market 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER (Check only 1) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Leldman 17-19-93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Naomi ld man Fe 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1 9 1993

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DHMH-18 Rev 1/89

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)				F DEATH	A			
ABREM	)		Hayv	vood	2. DATE OF E	11 day 19	93 YEAR	3. TIME OF DEATH 1:24 P
4. SOCIAL SECURITY NUMBER 288-18-8424	1 X M 2 🗆 F	GE (In yrs. lest birthdey) 77 YRS.	IF UNDER 1 YEAR MONTHS DAY	S HOURS MIN.		18 1915	8. BIRT	HPLACE (State or Foreign fy) Kansas
9a. FACILITY NAME (If not institution, give 512 BAKER STR.) RESIDENCE OF DECEDENT				MORE CI		9c. COU	INTY OF E	DEATH
Maryland 100. COUNT	ту		Y, TOWN OR LO					10d. INSIDE CITY LIMITS?  1 Y YES 2 NO
100. STREET AND NUMBER 512 Baker St				10f. ZIP COOE 21217	Trata	1007	U.S.	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER FORCES? 1 YES		If yes	DECENDENT OF HISPA , specify Cuban, Mexic /ES 2 X NO Spec	an, Puerlo Rican	ecify Yea or No-	14. RAC Blac	E — American Indian, ik, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of silfe. Do NOT us	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  MUSCIAN			O OF BUSINESS/IN			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle	a, Maiden Surname)		
unknown				CONTRACTOR STATE	known			
19e. INFORMANT'S NAME (Type/Print)				et and Number or Rura			p Code)	
Bessie Andrews		512	Baker S	t. Baltin	nore, M	d. 21217		ello Vels
20a. METHOD OF DISPOSITION  1 St. Burlet 2.k Cremation 3 G Ref 4 Denation 5 G Other (Specify)	moval from State	20b. PLACE AND DATE Comptany, cramatory or o	ther place!	Vet. Cen	DATE 7-16	Balto		own, State
21. SIGNATURE OF FUNERAL SERVICE LEVEL 23. PART (. Enter the diseases, or	Drouen	yeard the death David	Wm.C	Brown Com	m.F.H.			h Ave.
immediate cause (Final disease or condition resulting in death)	a. APTERIO	SCIEFOT	-	LAPPIOVA	48CVVI	HR PIST	248	Onest and Day
	DUE TO (OR	AS A CONSEQUENCE O	r).					
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR /	AS A CONSEQUENCE O	PF):					
if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	AS A CONSEQUENCE O	P):	ying cause given is		. WAS AN AUTOPSY PERFORMEO? YES 2 - NO	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions to the conditions of the con	b	AS A CONSEQUENCE O	P): in the underl	ying cause given in		PERFORMEO?	24	AMILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE O	F): In the underling the underling the underling the underling the underling the underling the underling the underline the under	D. PLACE OF DEATH (C	Check only one)	PERFORMEO? YES 2 NO	24	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions:  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XES 2 NO  27. MANNER DF DEATH  Netural 5 Pending	DUE TO (OR /  DUE TO (OR /  d.  DOBA CONTRIBUTING to dead  HOSPITAL: 1   Impetent 2   ER/  28a. DATE OF INJU (Month, Dey, Ye)	AS A CONSEQUENCE D  AS A CONSEQUENCE D  th but not resulting  Outpatient 3 □ DOA	in the underi		theck only one)	PERFORMEO? YES 2 NO		COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions:  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Natural 5 Pending	b	AS A CONSEQUENCE D  AS A CONSEQUENCE D  th but not resulting  Outpetient 3 □ DOA  RY 26b, TiM  URY — At home, farm,	OTHER: 4 OF Nursing I	I. PLACE OF DEATH (C	1) Check only one) 6  Other (Sp 28d. DESCRIE	PERFORMEO? YES 2 NO  ecify)  BE HOW INJURY OF	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR /  C	AS A CONSEQUENCE O  AS A CONSEQUENCE D  th but not resulting  Outpatient 3 DOA  IRY 26b. TIM  IN.  URY — At home, farm,  Specify)	OTHER: 4 Nursing   AE OF JURY M 1   street, factory, commend at the time, and the time, and at the time, and at the time, and at the time, and	I. PLACE OF DEATH (C	1) inheck only one) 6  Other (Sp 28d. DESCRIE 28f. LOCATIO City or 70	PERFORMEO?  YES 2 NO  ecity)  BE HOW INJURY OC  N (Street and Number and Number and Number and Number and Number and Street)	er or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Route Number,
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR /  DUE TO (OR /  DUE TO (OR /  d.  DOBA CONTRIBUTING to dead  HOSPITAL: 1   Inpatient 2   ER/  25a. DATE OF INJU (Month, Day, 16  26e. PLACE OF INJ building, stc. (  SICIAN: To the basis of examin	AS A CONSEQUENCE D  AS A CONSEQUENCE D  th but not resulting  Outpetient 3 □ DOA  RY  26b. Till  IN.  URY — At home, farm,  Specify)  nowledge, death occurr  action and/or investigation	in the underi	I. PLACE OF DEATH (C	281. LOCATIO City or To us to the cause(a se time, date and	PERFORMEO?  YES 2 NO  POLICY  NO (Street and Number win, State)  and manner as street place, and due to to 1  29d. DA	or or Rural sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO

LUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPDATANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1
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	1 - STATE REGISTRAR										
	1. DECEDENT'S NAME (First, Middle, Last)			CERTIF					REG.	Н	3. TIME OF DEATH
	LELAR			HOOKE	T D				MONTH 1	0 190	93 1 • 00 D M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	rs. last birthday)	IF UNDER		UNDER 24		7. DATE OF BIRTH (Month, Day, You		8. BIRTHPLACE (State or Foreign
-	212-32-3362	1 🗌 M 2 💢 F		YRS.	MONTHS	DAYS HO	URS	MIN.	Dec 26	10-01	Virginia
	9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN OR LO	OCATION				TY OF DEATH
OR		PHENS	CT.		BA:	LTIMO	RE				
ב	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	ry		10c CIT	V TOWN C	OR LOCATION					404 MOIDS OVEN
DIRECTOR	Maryland				ltim						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1 DC	TOTIL	10f. ZIP	CODE			10a CITIZI	1 X YES 2 NO EN OF WHAT COUNTRY?
FUNERAL	2403 St. Stephens	s Court	Ant.	20		200	1216	,		log. Girizi	USA
2	11. MARITAL STATUS	12. WAS DECEDEN			13.			_	ORIGIN? (Specify	Yea or No.	
	1 Never Married 2 Married	E [X]NO S		If yes, specify	Cuban,	Mexican,	Puarto Rican, etc.	)	14. RACE — American Indian, Black, White, atc. Specify:		
B	3 Wildowed 4 Divorced						,	ороону.			Black
	15. DECEDENT'S EDU (Specify only highest grade	UCATION le completed)	164	a. DECEDENT'S	work done	CCUPATION during most of	working		16b. KIND OF	BUSINESS/INDU	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	se retired.)				15.00		
COMPL	Jr. High Sch.			Pract	ica1	Nurse					
	17. FATHER'S NAME (First, Middle, Last)					18.			E (First, Middle, Me	iden Surname)	
8	Robert Edward (	Conaway							Velson		
9				A CONTRACTOR OF THE PARTY OF TH					ute Number, City or		
	Dr. Oscar J. Char	oman	Tank BI	_	708 Buckingham Circle Salisbur						
	1 X Buriel 2 Cremation 3 Ram	noval from State	cemeter	v cremetory or c	ther plecal			a h a se	DATE 20c. LOCATION — City or Town, State ery 7/19 Baltimore, Maryland		
	4 Donation 5 Other (Specify) Baltimore National Cemetery 7/19 Balti									TCIMOTO	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls parkway Baltimore, Maryland 21216										
	Harber	1 5.	nut	LOM	В	altimo	re,	Mar	vland	21216	
	23. PART I. Enter the diseases, or				Tax Trains						
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. List only one cau	This	a daath. Do	Wd	the mode of	of dying	g, such	ss cerdlec or re	espiratory srre	Interval Between
CATION	iMMEDIATE CAUSE (Finsi disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	(OR AS A CO	silne.	₩d	the mode of	of dying	g, such	ss cerdlec or n	espiratory srre	Interval Between
CERTIFICATION	iMMEDIATE CAUSE (Finsi disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO	(OR AS A CO	SCUENCE O	₩ Ø F):	the mode of	of dying	g, such	ss cerdlec or n	espiratory srre	Interval Between
MEDICAL CE	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CO	INSEQUENCE O	P):	the mode of	C C	g, such	art i. 24a, WAL	espiratory srre	Interval Between
MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the conditions of the co	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CO	INSEQUENCE O	P):	the mode of	of dying	yen in Pa	art i. 24a, WAS	S AN AUTOPSY 1FORMED?	Interval Between Onset and Death Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO  C. DUE TO  d	OR AS A CO	INSEQUENCE O	F): F): OTHER	the mode of the mo	use giv	yen in Pa	art i. 24a, WA. PEF	S AN AUTOPSY 1FORMED?	Interval Between Onset and Death Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the conditions of the cause of the cau	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CO	INSEQUENCE O	F):  F):  OTHER  4   Num  BE OF	28. PLACE R: aling Home 5, 28c. INJURY	of dying	yen in Pa	art i. 24a, WAS	S AN AUTOPSY FORMED? S 2 NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CO	INSEQUENCE O	F): F): OTHER	the mode of the mo	of dying	ren in Pa	art i. 24a, WA. PEF 1 YE	S AN AUTOPSY FORMED? S 2 NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 \( \sum \) NO  27. MANNER OF DEATH	B. DUE TO b. DUE TO c. DUE TO d	OR AS A CO	INSEQUENCE O	OTHER	28. PLACE R: sing Home 5, 28c. INJURY WORK? 1   YES	of dying	ren in Pa	art i. 24a, WAS PER 1 VE VE VE VE VE VE VE VE VE VE VE VE VE	S AN AUTOPSY IFORMED? S 2 NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	B. DUE TO b. DUE TO c. DUE TO d	OR AS A CO	INSEQUENCE O	OTHER	28. PLACE R: sing Home 5, 28c. INJURY WORK? 1   YES	of dying	ren in Pa	art i. 24a. WAA PEF 1 YE  k only one)  Other (Specify) 28d. DESCRIBE HO	S AN AUTOPSY IFORMED? S 2 NO	Interval Between Onset and Death  24b. Were Autopsy Findings AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	B. DUE TO b. DUE TO c. DUE TO d	OR AS A COLOR OF INJURY - A stc. (Specify)	Ins.  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O	OTHEF  OTHEF  A Num  HE OF  JURY  M  street, fact	28. PLACE R: Bing Home 5, 28c. INJURY 1  YES tory, offica	of dying  OF DEA  XI Realt  AT  2  1	yen in Po	art i. 24a, WA.  PEF  1 YE  Nonly one)  Other (Specify)  28d. DESCRIBE HO  City or Town, S	S AN AUTOPSY FORMED? S 2 NO  OW INJURY OCCU	Interval Between Onset and Death  24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  JRED  W Flural Route Number,
ICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	a. DUE TO b. DUE TO c. DUE TO d	OR AS A COLOR OF INJURY - A stc. (Specify)	Ins.  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O  INSEQUENCE O	OTHEF  OTHEF  A Num  HE OF  JURY  M  street, fact	28. PLACE R: sing Home 5, 28c. INJURY 1  YES tory, offica	of dying  Use giv  OF DEA  AT  2	yen in Po	art i. 24a. WAA PEF 1 YE  k only one)  Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (St. City or Town, S	S AN AUTOPSY FORMED? S 2 NO  OW INJURY OCCU menuer as state a, and dua to the	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  JRED  W Rural Route Number, d.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a function of the retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** 

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

an 1 9 1993

32. SEGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR DECEDENT'S NAME (First, Middle, Last)		CEI	KIIFI	CATE O	T DEA	Н	REG.			
	E. HICKEY						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER		AGE (In yrs. lest b	irthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	15	93 8 BIRTH	11:15 p
215-07-8793	1 🕅 M 2 🗆 F	85		MONTHS DAYS	_	MIN.	4-16-19	7)	Mary	)
. FACILITY NAME (If not institution, give at	reet and number)	00		9b. CITY, TOW	OR LOCATI	ON OF DE			DUNTY OF OE	
5728 Maplehill	Rd			Pa1:	imore					
ESIDENCE OF DECEDENT	ivu.			Dal	THOLE	3				
s. STATE 10b. COUNTY				TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
aryland			Bal	timore						1 X YES 2 NO
728 Maplehill Rd.					2123!			10g. C		HAT COUNTRY?
MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT F FORCES? 1 () IF YES, GIVE WAR	VER IN U.S. ARME YES 2 NO OR DATES	D	If yes,		n, Mexica	IC ORIGIN? (Specify n, Puerto Rican, etc.	Yes or No-	14, RACE	— American Indian, White, etc.
	WWII									ıte
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECE	kind of w	USUAL OCCUPA ork done during a retired.)	TION most of working	ng	16b. KIND OF	BUSINESS/I	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)						11.0.5	0 0		
12 YYS.		Thsur	ance	Underwr		HEDIO MA	U.S.F.			
C. Leon Hickey							ME (First, Middle, Mai		,	
. INFORMANT'S NAME (Type/Print)		105.0	MAIL INC.	ADDRESS (Charles		_	rie Webe		20-0-41	
Dorothy Johnson							altimore			
METHOD OF DISPOSITION  Burlel 2 Cremation 3 Remo	wal from State			FDISPOSITION			OATE 20c	LOCATION -	- City or Tov	vn, State
Donation 6 Other (Specify)	Tom Stata	Most Ho	ly Re	edeemer (	emeter	y 7-	19-93 Ba	alto.,	Md.	
SIGNATURE OF FUNERAL SERVICE LIC	ENSEE DOW L	aathaa			AND ADDRE					
D ( ).	KOY H	. cather		Lec	nard	J. F	Ruck, Inc., Balto.,			
	DUE TO (OR AS A CONSEQUENCE OF):    State conditions, og to immediate runderlying levents   Due to (OR AS A CONSEQUENCE OF):    Due to (OR AS A CONSEQUENCE OF):   Due to (OR AS A CONSEQUENCE									
	1				_					
C. AVC I NOM A			ulting in	n the underly	ng ceuse (	given in	PER	AN AUTOPS FORMED? S 2 NO		WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF D	EATH (Chi	ock only one)			
1 TYES 2 NO	1 Inpatient 2 E			OTHER:	ome 6 PR	sidence	6 Other (Specify)			
MANNER OF DEATH  Maturel 5 Pending investigation	28s. DATE OF IN (Month, Day,		28b. TIME INJU	JRY \	NJURY AT VORK? YES 2	] NO	26d. DESCRIBE HO	W INJURY C	CCURED	
- Accident	28e. PLACE OF I building, atd	NJURY — At home (Specify)	, ferm, st	treet, factory, of	lica		281. LOCATION (Str. City or Town, S		ber or Rural Ro	oute Number,
			_							
CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the beels of exam				, death occur	red at the	time, date end place	, end due to	the cause(s)	
CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the beels of exam	ninetion end/or Inv	estigation	n, in my opinion	death occur		time, date end place	, end due to	ATE SIGNED	end menner ee stated (Month, Day, Year)
CERTIFIER (Check only one)  CERTIFIER (Check only one)  CERTIFIER (Check only one)  MEDICAL EXAMINE  MAME AND ADDRESS OF PERSON WHO	R: On the beels of exam	OF DEATH (ITEM :	estigation	n, in my opinion	29c. LICI	ense num	IBER	, end due to	ATE SIGNED	(Month, Day, Year)

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 687604

TO THE FUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

				F DEATH	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
VIOLET HULL	OCK				July 15	1993	AR M
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthdey)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. Bi	IRTNPLACE (State or Foreign ountry)
214-20-8935		g YRS.	MONTHS DAY	HOURS MIN.	April 22.		England
9a. FACILITY NAME (If not institution, give :			9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY C	
Francis Scott Key	Medical Cen	iter	Bal	timore Ci	tu		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c. CITY	TOWN OR LO				404 MISING OUTV
Maryland Bal	timore		ndalk				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE		10a CITIZEN (	1 YES 2 YNO
20 Vista Mobile D	t ino			21222	,		
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS (	ECENDENT OF HISPAN		US Nor No 14 B	
1 Never Married 2 Married	FORCES? 1 YES	DATES X	If yes,	specify Cuban, Maxican ES 2 NO Specify	, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify:
3 Widowed 4 Divorced			''	Zi Xiio queny		,	White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done durina	TION most of working	16b. KIND OF BU	SINESS/INDUSTR	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
6th Grade		1 H	ousewi	-		Own Hom	e
17. FATNER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden	Surname)	
William Quinn				Annie U			
19a. INFORMANT'S NAME (Type/Print)				at and Number or Rural R			
Violet E. Dunlo			sta Mo	bile Vrive	2 Dundalk	, Maryl	and 21222
20e. METHOD OF DISPOSITION 1 © Burlai 2 © Cremation 3 © Ram	ovel from State C6	b. PLACE AND DATE OF or oth	F DISPOSITION or place)	(Name of	1	CATION — City o	
4 Donation 5 Other (Specify)	celate	Oak Lawn		ery 7/		Baltim	ore, Maryland
PID	73		Dud	a-Ruck Fur	ieral. Home	of Dun	dalk, Inc.
TASEL	_		792	2 Wise Ave	. Dunda	lk. Mar	yland 21222
23, PART I. Enter the diseasee, pre-	complicetions that cause List only one cause on	ed the deeth. Do no	ot enter the i	node of dying, such	aa cardlec or resp	iretory arrest,	Approximate
IMMEDIATE CAUSE (Final	orania de como o						interval Between Onset and Daath
disease or condition reaulting in death)	a. MUDCOL DUE TO (DR AS	relial i	Infe	nobon			17-2-1
			:				1 days
							1-2days
Sequentially list conditions.	· Preume						NZWKs.
Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF	*				vzwks.
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF)					vzwks.
if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS						vzwks.
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF)	:				NZWKS.
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF)	:				24b. WERE AUTOPSY FINDINGS
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF)	:		PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF)	:			RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF)	:		PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not resulting in	the underly		PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not reculting in	the underly	ing cause given in l	PERFOF  1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 THO  27. MANNER OF DEATN	DUE TO (OR AS  DUE TO (OR AS  d  ne contributing to death	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not reculting in	26. OTHER:	Ing cause given in I  PLACE OF DEATN (Che ome 5 - Rasidenca ( NJURY AT	PERFOF  1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 PNO
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not resulting in  tpetient 3 DOA  28b. TIME INJU	26. OTHER: 1   Nursing N OF   26c.   NY   1	PLACE OF DEATN (Che ome 5   Residence ( NJURY AT NORK?   YES 2   NO	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 PNO
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not reculting in  tpatient 3 DOA  28b. TIME INJU	26. OTHER: 1   Nursing N OF   26c.   NY   1	PLACE OF DEATN (Che ome 5   Residence ( NJURY AT NORK?   YES 2   NO	PERFOR	NJURY OCCURED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	DUE TO (OR AS  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not reculting in  tpatient 3 DOA  28b. TIME INJU	26. OTHER: 1   Nursing N OF   26c.   NY   1	PLACE OF DEATN (Che ome 5   Residence ( NJURY AT NORK?   YES 2   NO	PERFOR 1 YES 2  Ck only one)  G Other (Specify)  28d. DESCRIBE NOW I	NJURY OCCURED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PNYS	DUE TO (OR AS  DUE TO (OR AS  d.  THOSPITAL:  1 © Impattent 2 □ ER/Out  28a. DATE OF INJURY  (Month, Day, Year)  26a. PLACE OF INJUR  building, stc. (Sp	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not reculting in  tpatient 3 DOA  28b. TIME INJU  IY — At home, tarm, strectly)	26. OTHER: 4   Nursing N OF 26c.   M 1   reet, factory, of	PLACE OF DEATN (Cheome 5  Rasidenca (NJURY AT WORK? YES 2  NO	PERFOR  1 YES 2  1 YES 2  Other (Specify)  26d. DESCRIBE NOW I  26t. LOCATION (Street and City or Town, State)  to the cause(a) and main	NJURY OCCURED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO (OR AS  d.  THOSPITAL:  1 **Impattent 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Sp	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not reculting in  tpatient 3 DOA  28b. TIME INJU  IY — At home, tarm, strectly)	26. OTHER: 4   Nursing N OF 26c.   M 1   reet, factory, of	PLACE OF DEATN (Cheome 5  Rasidenca (NJURY AT WORK? YES 2  NO	PERFOR  1 YES 2  1 YES 2  Other (Specify)  26d. DESCRIBE NOW I  26t. LOCATION (Street and City or Town, State)  to the cause(a) and main	NJURY OCCURED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not reculting in  tpatient 3 DOA  28b. TIME INJU  IY — At home, tarm, strectly)	26. OTHER: 4   Nursing N OF 26c.   M 1   reet, factory, of	PLACE OF DEATN (Cheome 5  Rasidenca (NJURY AT WORK? YES 2  NO	PERFOR  1 YES 2  Ck only one)  5 Other (Specify)  28d. DESCRIBE NOW I  City or Town, State)  to the cause(a) and mailine, data and placa, an	NJURY OCCURED and Number or Rus more as stated.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not resulting in  tpatient 3 DOA  28b. TIME INJU  Y — At home, term, attectiv)  wiedge, death occurred on and/or investigation,	26. OTHER: 4   Nursing N OF 26c.   M 1   reet, factory, of	PLACE OF DEATN (Che ome 5 Rasidenca (NJURY AT NORK?  YES 2 NO fice the and place, and due to death occured at the total control of the state of the	PERFOR  1 YES 2  Ck only one)  5 Other (Specify)  28d. DESCRIBE NOW I  City or Town, State)  to the cause(a) and mailine, data and placa, and BER	NJURY OCCURED and Number or Rus more as stated.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF)  A CONSEQUENCE OF)  but not resulting in  tpatient 3 DOA  28b. TIME INJU  Y — At home, term, attectiv)  wiedge, death occurred on and/or investigation,	26. OTHER: 4   Nursing N OF 26c. NY M 1   reet, factory, of	PLACE OF DEATN (Che ome 5 Residence NJURY AT NORK? YES 2 NO fice sta and place, and due 4, death occured at the tell 29c. LICENSE NUM D 43 5 4	PERFOR  1 YES 2  Ck only one)  5 Other (Specify)  28d. DESCRIBE NOW I  City or Town, State)  to the cause(a) and mailine, data and placa, and BER	NJURY OCCURED and Number or Rus more as stated. and due to the caus	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO  ral Route Number,  se(a) and manner as stated.  NED (Morith, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUL 1 9 1993

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DE VITAL RECORDS, P.O. BOX 68760,

DIVISION TO THE HISPITAL OR ATTRICTURE MY TO THE FUNERAL DIRECTOR After this be filed within 72 hours after cheath with IMPORTANY. If them 28 is market

Theresa

31. DATE FILED (Month, Day, Year)

JUL 19 1993

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32. REGISTRAR'S SIGNATURE

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	fical	S	184
1	1	6	-
the state of the s	the contincate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	ij	martine an item 99 others and inform on address described about the month of account and the contract of
١	S.	6	1
1	-20	-	- 1

_	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND A			OF HEALTH			YGIEN	E	3 2	20901
	1. DECEDENT'S NAME (First, Middle, Last) HENSON HOLLA	NID						2. DATE OF MONTH	DEATH D	AY	YEAR 3.	. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. le	st hirthday)	IF UNDER 1	VEAD E IMPE	R 24 HRS.	7. DATE OF		1993		:13 p M
	215-22-1220 9n. FACILITY NAME (if not institution, give s	1 💢 M 2 🗆 F	65	YRS.	MONTHS	DAYS HOURS	MIN.	TI /	2772	7	Mar	yland
TOR	THE JOHNS HOPKINS		L			IMORE (		EATN		BALT	IMOR	
DIRECTOR	10a. STATE 10b. COUNTY	Baltimore Baltimore						-			100	Dd. INSIDE CITY LIMITS?  X YES 2 NO
FUNERAL	100. STREET AND NUMBER 633 N. AISQUIT	H STREE	T APT.	141	-	2120					N OF WHA	AT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 Y	RMED	11	AS DECENDENT yes, specify Cub YES 2 1 NO	an, Mexica	n, Puarto Rica	specify Yes			- American Indian, Vhita, atc. C K
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(0	ECEDENT'S Bive kind of a. Do NOT u	USUAL OCC work done du se retired.)	CUPATION ring most of work	ing			ard S		ood
BE CON	17. FATNER'S NAME (First, Middle, Last) CHARLES HOLLAN	D						ME (First, Midd AN SF		,		
10	190. INFORMANT'S NAME (Type/Print) LOUISE E. HOLL	AND				Street and Number					2120	2
	29a. METHOD OF DISPOSITION 1 A Buriet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE	AND DATE	OF DISPOSIT	ON (Name of	7/16	93		LTIMO		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	me	2		CH FUI	SS OF FA	CILITY				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or heart failure. List only one cause on each line.  Approximate interval Between											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Sepsis acute renal factors  Due to (or as a consequence of):											
N	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):											
CATIC	If any, leading to immediate	DUE TO										years
CERTIFICATION	that initiated eventa resulting in death) LAST	' DUE тЪ	(OR AS A CONSE	OUENCE O	F):							
	PART II. Other significant condition	a contributing to	death but not r	resulting	in the und	erlying cause	givan in	Part I. 24	. WAS AN PERFOR		24b. WE	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICA	chronic renal	failure	os co	PD	anger	lonos	1	10	YES 2	le a	OF	OMPLETION OF CAUSE DEATH?  YES 2 NO
	tobacco abu	ale			,						'`	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	LEDIO 4-14		OTHER:	26. PLACE OF D						
ΉΫ́	27. MANNER OF DEATN	26a. DATE OF (Month, D	INJURY	28b. TIM	E OF 2	g Home 5 R	asidence	26d. DESCRI		JURY OCCUP	RED	
ВУ Б	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ny, rear)	INJ	M	WORK?	NO					
ETED	3 Suicide S Could not be determined	26a. PLACE O building,	F INJURY — At ha atc. (Specify)	ema, farm, s	itreet, factor	, office		281. LOCATIO City or To	N (Street a wn, State)	nd Number or	Rural Rout	e Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINED	CIAN: To the best of	my knowledge, de	eth occurre	od at the time	, date end place	, and dua	fo the ceuse(a	) and man	ner as stated,		
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER				, нт глу орн		ENSE NUM		piece, and			
m	or muchel	OM G					8109				10/9	onth, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF DEATH (ITE	M 27) (Type,	Print)		_	-			, ,	

Johns Hopkins Baltimore MD 21205

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Migiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten- be filed within 72 hours after death with the State Dept. of Health and Mental H	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

1. DECEDENT'S NAME (First, Middle, Leat)		CE	RTIF	CATE	OF DEAT	H		REG. NO.			
MARGARET				JEN	NKINS		MONTH	1 DAY		/EAR	6:18
4. SOCIAL SECURITY NUMBER 213-16-3887	8, SEX 1 M 2 TF	8. AGE (In yrs. last				MIN.	7. DATE	9/22	0.	Country)	Md State or Foreign
Se. FACILITY NAME (If not institution, give							-	9c. COUNT	OF DEA	NTH .	
MERCY MEDICAL						Τ. Χ					
Md.	TY								25		
10e. STREET AND NUMBER				Barco	10f. ZIP CODE		-			N OF WH	**
501 E. Preston			MEO	I do um							
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES 2 XN		If ye	es, specify Cuben	, Mexica	n, Puarto F		or No —   14	Specify:	
16. DECEDENT'S ED (Specify only highest gred Elementary/Secondary (0-12) 7th	UCATION te completed) College (1-4 or 5+)	(GA	ve kind of wo	ork done durli	JPATION ng most of working		16b.	KIND OF BUS	NESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, Lest)					1				iumame)		
Ruben Moss  19a. INFORMANT'S NAME (Type/Print)		100	MAHINO	Annaege /S					State Tip Co	nofe t	
Paul E. Jenkins	Section   Sect		21202								
20s. METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 - Res	moved from State		ND DATE OF	F DISPOSITIO		<u> </u>					
4 Donation 5 Other (Specify)				Mem				Ark	utus,	Md.	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	-		22. NAI	ME AND ADDRES	S OF FA	CILITY				
1-500	11/1	250		Ma	rch F.	H Ea	ast	1101	E. N	orth	Ave.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (C	OR AS A CONSEQ	OUENCE OF)	):	220743						
that initiated events resulting in death) LAST	202 10 (			j:							
resulting in death) LAST	d	lesth but not re	eaulting In		rlying cause gl	iven in	Pert i.	PERFORI	CD410	0	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
resulting in death) LAST	d	leeth but not re	eaulting in		rlying cause gl	iven in	Port i.	PERFORI	CD410	0	MAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other eignificent condition	d			OTHER:	26. PLACE OF DE	ATN (Ch	ack only on	PERFORI  1  YES 2  INQU	CD410	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 TYPES 2 NO  27. MANNER OF DEATN	d	ER/Outpatiem 3	□ DOA	OTHER: 4 - Nursing	26. PLACE OF DE	ATN (Ch	ack only on	PERFORI 1  YES 2 INQU	MED? CMHO JIRY	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Vestural 2 Accident 3 Suicide 4 Hondicide Centrifier (Check only one) 2 MEDICAL EXAMINATURE AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINATURE AND TITLE OF CERTIFIER  201. SIGNATURE AND TITLE OF CERTIFIER  201. SIGNATURE AND TITLE OF CERTIFIER  201. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1   Inpertant 2   200. DATE OF II (Month, Da) 280. PLACE OF building, e	ER/Outpatient 3 NJURY (, 'bar) INJURY — At hor no. (Specify) my knowledge, dea	DOA 28b. TIME INJU	OTHER: 4   Nursing OF   28 Intreet, factory, d at the time	26. PLACE OF DE  J Home 6 Ree  C. INJURY AT WORK?  MYES 2  Office  date end place, ion, death occurs  29c. LICEI	ATN (Chi	a Othe 28d. DEt 28f. LOC City to the ceu	PERFORI  1 VES 2  INQU  1 (Specify)  CRIBE HOW IN  ATION (Street alor Rown, State)	JURY OCCUI	RED Rural Root  Desuse(a):	MALLABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? YES 2 NO No No Number,
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	hosp	ache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ten
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HE	EALTH AND	MENTAL HYGII		0 20303		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Ada M.			Jackso	n	MONTH .Till V 1	6, 1993	5:30am M		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. last birthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH				
	577 34 2283 10 See, FACILITY NAME (If not institution, give street	M 2 X F 84	YRS.	20-111	HOURS MIN.	5/19/1	909	N.C.		
œ	Maryland General		1 90				9c. COUNTY	OF DEATH		
읝	RESIDENCE OF DECEDENT	Hoopital		рат	timore (	lty				
DIRECTOR	Md . 10b. COUNTY		10c. CITY, TO	own or Location	ore			10d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 1100 Pennsyl	vanie Aver	nue	10f. 2	ZIP CODE 2120	7		1 Tyres 2 No  OF WHAT COUNTRY?  JSA		
ᄬ		WAS DECEDENT EVER IN U		40 000 0505						
BY FL	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, spec	olfy Cuben, Mexical Specific	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No — 14.	RACE — American Indian, Black, White, etc.		
	15. DECEDENT'S EDUCATION	ON 1	6a. DECEDENT'S USU	IAL OCCUPATION	1	16h KIND OF	SUSINESS/INDUST			
E	(Specify only highest grade comp	pleted)	(Give kind of work life. Do NOT use rei	done during most		IGB. KIND OF	SOSINESS/INDUST	MY		
7		mage (1-4 th 3+)	Holtite	3		Shoe	es			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Gordon No	eely				ME (First, Middle, Meld 1221e	en Surname)			
H	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and	d Number or Rural	Route Number, City or	own State Zin Cor	fel .		
٩	Dorothy M. Powe		1367 N	I, Call	houn S	t. Balto	)., Md.	21217		
	20a. METHOD OF DISPOSITION  1	1rom State 20b. Pi	LACE AND DATE OF DI COLOR PROTECTION OF PINET P	ISPOSITION (Nem plece)	e of	7/21 20c.	Balto.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	EE		22. NAME AND	ADDRESS OF FA	CILITY	1000			
	James l	· Mollo	n			rton & S s St. Ba		Md. 21217		
	23. PART I. Enter the diseases, or companies shock, or haert failure. List	olicetions thet caused to	ha death. Do not a	anter the mode	a of dying, suc	h as cardiec or re-	piratory arrest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final									
	disease or condition resulting in death)	Pneumoni								
z	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause, Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A CO	ONSEQUENCE OF):							
ERT	resulting in desth) LAST									
AL Ċ	PART II. Other significant conditions co	ntributing to deeth but	not resulting in th	e underlying	ceuse given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
S							ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC							X	OF DEATH?		
ä										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	01	28. PLA	CE OF DEATH (Ch	eck only one)				
X		Inpetient 2 ER/Outpetie	ent 3 DOA 4	Nursing Home	5 Residence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WORK		28d. DEŞCRIBE HOY	V INJURY OCCURE	£D.		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	t, factory, office		281. LOCATION (Stree City or Town, Ste	et end Number or R te)	ural Route Number,		
9	29e. CERTIFIER		<del></del>							
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	the best of my knowleds	ge, death occurred at nd/or investigation, in	my opinion, dea	nd place, end due th occured at the	to the cause(e) end n time, date and piece,	end due to the ce	use(e) end menner ee stated,		
BEC	296. SIGNATURE AND TITLE OF CERTIFIER			7	PPC. LICENSE NUN	IBER	29d. DATE SIG	GNED (Month, Day, Year)		
0	() · All	my M	<i>D</i>		r	n/a	•	7/16/93		
	30. NAME AND ADDRESS OF PERSON WHO CO Khosrow Tabassi				and C	m = 1 TT				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU		raryla	and Gene	eral Hosp	Ltal			
4		lia Davidson-Ran						1		
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detache		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / CE	DEPARTM	IENT OF	HEALTH AND F DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY Y	3. TIME OF DEATH	
	Maymo		30 N				- 6-4		3 7.05 P W	
	4. SOCIAL SECURITY NUMBER 214 20 3274	1 - M 2 X F	(In yrs. last		VTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 6/24/19		BIRTHPLACE (State or Foreign Country) S.C.	
_	9a. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN	OR LOCATION OF		9c. COUNTY		
P P	Liberty Medi	cal Cent	cr		Balt	timore	City	Baltimore		
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY, TO Bal	timo				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3303 Essex Ro			101. ZIP CODE 21207		10g. CITIZE	N DF WHAT COUNTRY?			
	11. MARITAL STATUS		IN U.S. ADM	46D	12 446 0		ANIC ORIONIS M			
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YES	2 MG	Ö	If yes,		ANIC ORIGIN? (Specify Yel ean, Puerto Ricen, etc.) ify:		RACE — American Indian, Black, White, etc. ATTO America	
	15. DECEDENT'S EDU (Specify only highest grade	ICATION Completed	16a. DEC	EDENT'S USU	IAL OCCUPAT	TIDN	16b. KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		chini		most of working	Contin	nental	Can	
BE CON	17. FATHER'S NAME (First, Middle, Last) Jessie Willi	iamson				18. MOTHER'S N	AME (First, Middle, Melden 1via Ch	Sumame) lerry		
TO B	19a. INFORMANT'S NAME (Type/Print) Thomas	Jefferson	19b.	MAILING ADD	RESS (Street	sex Rd.	Route Number, City or Tow Balto.,	n, Stete, Zip Co Md • 2	21207	
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	noval from State Ce.		ND DATE OF DI			DATE 20c. LO		or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIN		Mary	yrand			em 7/21	Laure	el, Md.	
	James A. Morton & Sons									
	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart failure. List pally one state of the part of the par									
	interval Between IMMEDIATE CAUSE (Final Image)									
	disease or condition resulting in death)	· Myo	CUY	hal	IN	Sarctio	M			
2	_	0	A CONSEDI		irlu					
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEDI	JENCE OF):						
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury		A CONSEDI		Mel	ilitus.				
CERTIFICATION	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  d. Severe Coronary artery Desease.									
1 7. 1	PART II. Other algnificant condition				•	1				
MEDICAL			DOL HOUTE	aditing in th	ie diluerryi	ng cause given in	1 Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED							1 1 ES 2	Mun.	OF DEATH?	
ä										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. I	PLACE OF DEATH (C	heck only one)			
PHYS	1 YES 2 M ND 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3	28b. TIME DF		me 5 Residence	8 Chher (Specify)  28d. DESCRIBE HOW II	Nilley Occide	NED.	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	M 1 🗆	YES 2 ND	ava. DESCRIBE NOW a	NJORY OCCOR	EU	
ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE DF INJURY building, etc. (Spe	Y — At hom	e, farm, street	l, factory, off	lca	281. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,	
COMPL		ICIAN: To the best of my know IR: On the basis of examination							suse(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIES	INATE HOUSE	5.0	11	_	29c. LICENSE NU	IMBER	29d. DATE SI	GNED (Month, Day, Year)	
인										
	Plerren Older M. D. 22. S. Greene Street Baltimore M. D. 21201									
0	31. DATE FILED (Month, Day, Year) 1111 1 9 1993	32. REGISTRAR'S SIGN	S.	Green	ne:	Street	Baltim	Lore	M7 21201	

THE HOSPITAL OR ATTENDING PHY THE EUNERAL DIRECTOR: After this filed within 72 hours after death with IPOPITANT: If Item 28 Is market	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL OR ATTENDING PHYSIC THE FUNERAL DIRECTOR: After this celfied within 72 hours after death with the IPORTANT: If Item 28 is marked.	IAN: The law requires that	tificate has been signed e State Dept. of Health a	or item 23 shows an	
	THE HOSPITAL OR ATTENDING PHYSIC	THE FUNERAL DIRECTOR: After this centiled within 72 hours after death with the	PORTANT: if item 28 is marked,	

	1. DECEDENT'S NAME (First, Middle, Last)							2.	2. DATE OF DEATH MONTH JULY DAY YEAR 3. TIME OF DE				DEATH		
	JAMES JACKSON									The state of	13		993	2=1	HM N
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs. las			R 1 YEAR	IF UNDER 24 HR	_	DATE OF BIR (Month, Day,		8. BIRTHPL Country)		IPLACE (State	or Foreign
	217-01-4070 <sup>1</sup> √x <sup>M 2 □ F</sup> 9					MONTHS	DAYS	HOURS MIN		eb 2		901		h Car	olina
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										OLLIIA				
DIRECTOR	UNION MEMO		HOSPITAL			BAL	TIMO	RE CIT	7						
5	RESIDENCE OF DECEDENT														
出	10a. STATE	10b. COUNT	Y		1	ry, town								10d. INSIDE	CITY ?
	Maryland					Balt	imo	re						1 X YES	2 NO
¥	10e. STREET ANO NUMBER						101	10f. ZIP CODE				10g. CITIZEN OF WHAT			AY?
9	1808 West Lexington Street							21223					USA		
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. A  1 Never Married 2 TV Married FORCES? 1 YES 2				MED	13,	WAS DEC	AS DECENDENT OF HISPANIC ORIGIN? (Specyes, specify Cuban, Maxican, Puerto Ricen, 4				ly Yes or No — 14. RACE — Ar Black, Whit			Indian,
B₹	1 Never Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 1 Nover Married 2 1 1 1 Nover Married 2 1 1 Nover Married 2 1 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 1 Nover Married 2 1 Nover		IF YES, GIVE W	R OR DATES	ES 1 TYES 2 NO Specify:									ectly:	
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COMPLETED	(Specify only	highest grade	completed)	(G	CEDENT'S live kind of DO NOT u	work done	durina mo	ON ost of working		16b. KIND	OF BUS	BINESS/IN	DUSTRY		
اي	Elementary/Secondary (0-	12)	College (1-4 or 5 +)	///0		,									
Ž	8th Grade  17. FATHER'S NAME (First, Mic				Li	abor	er		_				em S	teel	Corp
								18. MOTHER'S							
BE	John Cammo	0.00								e Jac					
2	- ALTERNATION							and Number or Ru							
	Beatrice d		on					h Stre	eet						1218
	20a. METHOD OF DISPOSITION 1	3 🗆 Rem	oval from State	cametery, cre			OF DISPOSITION (Name of their place)				ec. LO	CATION -	City or To	wn, Stata	
	4 Donation 5 Other (														
	22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway														
	- There	~ "	L. park			Ba	alti	more, M	arv	land	21:	216			
	23. PART I. Entail the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or resolvetory errest.														
											ral Between t and Death				
	disease or condition resulting in death) e. Conglotive					11+	+ failuse							i	2hrs
	resorting in death)		DUE TO (	OR AS A CONSE	OUENCE O	F):	1000	<del></del>						1	275/3
z			. 神動												
E	Sequentially list condition if any, leading to immediate	late	DUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Entar UNDERLYIN CAUSE (Disease or Injur		« Renal failure												
Ë I	that initiated events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF):  d. How thrombo Cyto penia												
H	rosating in death, EAST		d.	, thunom	000	Cyto	pe	ma	,						
MEDICAL CERTIFICATION	PART II. Other significen	t condition	s contributing to c	leeth but not r	eaulting	in the ur	nderiying	ceuse given	in Par	t I. 24a. V	WAS AN	AUTOPSY	24b	. WERE AUTOF	SY FINDINGS
5	PART II. Other significent conditions contributing to deeth but not reaulting in the underlying ceuse given in P								PERFORMED?			1	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
요	177									- 10	YES 2	₩ NO		OF DEATH?	
II										-				1 TYES 2	NO
A	25. WAS CASE REFERRED TO	MEOICAL					26 Pt	ACE OF DEATH	Chack	anti anal					
PHYSICIAN	EXAMINER?  1 X YES 2 NO		HOSPITAL:	EDIO-M-MI-A	□ no.	26. PLACE OF DEATH (Check only one) OTHER:									
Ĕ∥	27. MANNER OF DEATH		28s. OATE OF I		28b. TIN		28c. INJ	e 5 🗆 Residen		d. DESCRIBE	-	I HITTO OC	OUDED		
		5 Pending (Month, Day, Year)				JURY	wo	RK?	1	u. DEŞCHIBE	now ii	IJUNI OC	COMED		
B	2 Sulaida	vestigation	28a. PLACE OF INJURY At b.		me. ferm.	street fact			289	f. LOCATION (	Ctmat a	ad Mumba	O 1 5	Navita Musebas	
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, offica building, stc. (Specify)							City or Town		no montos	or noter r	oute Number,			
COMPLETED	29a. CERTIFIER	WIND BUYOU													
₹ I			CIAN: To the best of n												
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated.														
BE	29b. SIGNATURE AND TITLE OF CERTIFIER							29c. LICENSE I				29d. OAT	E SIGNEO	(Month, Day,	Year)
ဥ	M. Chen, MD.  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Helen Chen, 411 North Bend Rd, #F, Balto, MD 21229														
	Holom Chin	A.	North	Bound I	M 27) (Type	Print)	2	201	MAG	0 01	2-	0			
	31. DATE FILED (Month, Day, Ye	) Til			Sr,	1	100	NAO,	1011	21.	4	7			
7	nn 1 9 199	3 3	32. REGISTRAR	~- fandes	2										

C. Marie

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Siate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEAT	H	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF OR										3. TIME OF OEATH	
	Edward Johnson						7 14 9			53089		
	4. SOCIAL SECURITY NUMBER 5. SE		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS. 7	7. DATE OF BI (Month, Day,			8. BIRTH Country	PLACE (State or Foreign	
	L 213-03-/301   4	M 2 🗆 F	97 YRS.	- Care	Hoons		Sept 1		895		h Carolina	
~	9e. FACILITY NAME (If not institution, give street and	d number)		9b. CITY, TOWN	OR LOCATIO	ON OF DEAT	ГН			NTY OF O		
ō	2431 McCollough	Street		Ba11	cimor	re						
E C	10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
DIRECTOR	Maryland Baltimore										LIMITS?  1 X YES 2 NO	
AL	10e. STREET AND NUMBER		10		10g. CITIZEN O			47				
FUNERAL	2431 McCollough			21	217				US	A		
5	11. MARITAL STATUS 12. W	MAS DECEDENT EVER IN ORCES? 1 YES	U.S. ARMED	13. WAS DE	CENDENT O	F HISPANIC	ORIGIN? (Sp.	ecify Yee	or No-	14. RACE	- American Indian.	
BY	1 Never Merried 2 Merried IF	YES, GIVE WAR OR D	ATES		2 NO		Puerto Rican,	atc.)		Specif	, White, etc. y:	
	15. DECEDENT'S EDUCATION		16. DECEDENTIA	USUAL OCCUPATI							Black	
	(Specify only highest grade complete	eled)	(Give kind of life. Do NOT u	work done during m	ON ost of working	9			INESS/INE			
	6th Grade	ege (1-4 or 5+)		ngshore	man		Inte	rna	tiona	al Lo	ngshoreman- Association	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		130	ngbnore	_	ER'S NAME	(First, Middle,			aue	ASSOCIACION	
BE C	Edward Johnson					211ie			,			
TO B	t9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street				y or Town	r, State, Zip	Code)		
F	Sallie McMillan		2431	McCo11	ough	Str	ceet	Ва	1tir	nore	, MD 21217	
	20g. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal fro	om State	PLACEANDDATE	OF DISPOSITION /N	amo of					Cify or Tov		
	4 U Donation 5 Other (Specify)	MI	D Nat'1	Memoria1	Park		7/19	Laur	el,	Mary.	1and	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ND ADDRES	S OF FACIL	ITY NIST.+	er l	าบทอา	al H	lomes, Inc.	
	Beven Pay	ler		Balti	more.	IS Fal Mary	lls Pa yland	212	зу 216			
	23. PART I. Enter the diseases, or compile	cations that caused	the desth. Do	not antar tha me	oda of dylr	ng, such a	s cardiac o	r reapli	atory an	ast,	Approximate	
1	ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death											
1	disease or condition s								Urc			
		DUE TO (OR AS A	CONSEQUENCE O		2 , ` = =							
CERTIFICATION	Sequentially list conditions, Due to (OR AS A CONSTITUTION OF)											
Ä	n arry, teading to immediate cause. Enter UNDERLYING											
Ē	CAUSE (Disesse or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE O	n							+41>	
	resulting in dasth) LAST											
	PART II. Other significant conditions conti	ribution to death b	ut not resulting	la the madedula								
DICAL		(noms	2	m tha undariyin	g cause of	en in Pai	rt I. 24a.	WAS AN A	WED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ш			, 01	11105	14/		_ 1 🗆	YES 2	NO		OF DEATH?	
Σ				<i>U</i>	-		-				1 YES 2 HO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DE	ATM (Chack	ontrope)					
Sic		SPITAL:	etlent 3 🗆 DOA	OTHER:								
Ě		60. DATE OF INJURY	26b. TIM	E OF 28c. IN.	URY AT		8d. DESCRIBE		JURY OCC	URED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	**	ORK? YES 2 🗌	NO						
								oute Number,				
Ë L	4 Homicide determined		,,				City or low	n, Siele)				
COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To	o the best of my knowl	edge, death occurr	ed at the time, date	end place,	end due to t	the cause(e)	end meni	ner es stat	ed.		
S	one) 2 MEDICAL EXAMINER: On It										and menner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEN	ISE NUMBE	R		29d. DATE	E SIGNED (	Month, Day, Year)	
0 0	matun 4 MC	MIND			P	155	23		•	71	16/93	
F	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	=7-1	7 11	L n11	7	2.5	7	(	
	MANUEL ON A MANUEL	ווז כבוו),	301Da	Muld	O	POIT	6 1810	21	11-	1		
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNAL	andell	4		-						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

				DEATH	REG. NO.		T	3. TIME OF DEATN		
TESSIE	JA	FFE			MONTH DA	2 9	YEAR 3	2133 P		
4. SOCIAL SECURITY NUMBER 5'79-/66-006	5. SEX 8. AGE	(In yrs. last birthday)  G YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7	B. BIRTHE Country Wash	ington, DC		
Shady Grove Hosp Rockville, months and number)  Shady Grove Hosp Rockville, mort 9										
100. STATE 10b. COUNT	on gomery	10c. CIT	Y, TOWN OR LOCA	TION /C			- 1	10d. INSIDE CITY LIMITS? 1 YES 2 1 NO		
100. STREET AND NUMBER  990/ Med.	CHR. DRIVI	Ε	10	20 85	Ò	1	10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married  Wildowed 4 Divorced	IN U.S. ARMED 2 J. NO DATES	if yes, sp	ENDENT OF NISPAL ecity Cuben, Mexics 2 TOO Specif	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) ly:	or No-	14. RACE — American Indian, Black, White, etc. Specify:				
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us SETVICE	work done during mi ne retired.)	ast of working	Jeweler		1			
17. FATNER'S NAME (First, Middle, Lisst)  18. MOTNER'S NAME (First, Middle, Meiden Sumerne)  Ida Cohen  17. FATNER'S NAME (First, Middle, Meiden Sumerne)  Ida Cohen										
196. INFORMANT'S NAME (TyperPrint)  Staci Houser  196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1415 Bradley Avenue, Rockville, ND 20851										
206. METNOD OF DISPOSITION  148 Burlet 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  206. PLACE AND DATE Of DISPOSITION (Name of Commetter), cremetory of other place) King David Mem. Gdns. 7/14/93  Falls Church VA										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY IVES—Pearson Funeral Homes   Falls Church, VA 22046										
23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that ceuse Liat only one cause on a	od the deeth. Do n				ratory arre	at,	Approximete interval Betwee Onset and Deat		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	iati	en	- star	fe				
Deneton 1 yes 2 XHO OF								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
27. MANNER OF DEATN  1 Setural 5 Pending (Month, Day, Year)  2 Accident			E OF 28c. IN. WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW I					
3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)  28e. CERTIFVENG PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated.										

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s after death. Page 6 may be retained by the hospital or attending physician.	should be detached for use as the burial-transit	
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Раде 6 п	in by the funeral director, pa	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICANE THE PROPERTY OF ATTENDING PHYSICANE THE PROPERTY OF ATTENDING PHYSICANE THE PROPERTY OF THE FUNERAL DIRECTOR: After this certified has a managed by the mending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filed within 72 hours after death with the State of Health and Mendal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF MARY				MENTAL H	YGIENE	93	20914		
	REGISTRAR  1. DECEDENT'S NAME (First, Milothe, Last)  Adrian JOHNSON		CERTIFI	CATE O	F DEATH	2. DATE OF C		1995	3. TIME OF DEATH 7:20 pm		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	(In yrs. last birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF B	HRTH		RTHPLACE (State or Foreign		
	216-50-8434  9a. FACILITY NAME (If not institution, give stree		13 YRS.	MONTHS DAY		(Month, Dec	/50		sh., D.C.		
TOR	98. FACILITY NAME (If not institution, give street and number)  Franklin Square Hosp.  Residence of Decement										
DIRECTOR	10a. STATE 10b. COUNTY	, TOWN OR LO	CATION				10d, INSIDE CITY LIMITS? 1 YES 2 XNO				
FUNERAL	1309 K. Clover V	alley Way			1 21040			g. CITIZEN O	F WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	2 X NO		in, Puerto Rican		ecity Yes or No- atc.)  14. RACE — American Indian, Black, White, atc. Specify:  Black				
COMPLETED			Iffe. Do NOT use	ork done during	k done during most of working stired.)						
O.	17. FATHER'S NAME (First, Middle, Last)	2200	1.00		18. MOTHER'S NA						
BE C	The second secon	St. Elmo I. Johnson				Fyelyn Parker NG AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
10	19a. INFORMANT'S NAME (Type/Print)  JoAnne Johnson			et and Number or Aural ver Valley							
	20a. METHOD OF DISPOSITION  1 □ Purial 2 □ Cremation 3 □ Ramovi 4 □ Denation 5 □ Other (Specify)		PLACE AND DATE OF DISPOSITION (Name of tery, cremetory or other place)			OATE 20c. LOCATION City or Town, Stata					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	22. NAME	AND ADDRESS OF FA	CILITY	Balto	o;, Mo					
	Rosa C.	James	12	Mar	ch F.H. E	East	1101	E. No	orth Ave.		
	23. PART i. Enter the diseesea, or corehock, or heert feilure. Lie immediate CAUSE (Finel diseese or condition resulting in death)	Multisyster	eech line.		node of dying, suc	h aa cerdiec	or respirato	ory erreet,	Approximate Interval Batween Onset and Death		
ERTIFICATION	Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Pseudo membraneous Enterocolila  oue TO (OR AS A CONSEQUENCE OF):  c. Cirrhosis  DUE TO (OR AS A CONSEQUENCE OF):  d. Renal Failure										
A C	PART II. Other eignificent conditions	contributing to death	but not reculting in	the underly	ing ceuse given in	Part i. 24a	. WAS AN AUT		24b. WERE AUTOPSY FINDINGS		
: MEDICAL						NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF OEATH (Ch	eck only one)					
YSIC		OSPITAL:	Ipetient 3 DOA	OTHER: 4   Nursing H	ome 5 🗆 Rasidence	8 Other (Spi	ecify)				
	27, MANNER OF OEATH  1 Netural 5 Pending	20a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY	NJURY AT WORK?	20d. DESCRIBE HOW INJURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide e Could not be 4 Homicide detarmined	Y — At home, farm, st		YES 2 NO	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EYAMMED										
	29% STONATURE AND TITLE ON CERTIFIER	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	( DOL NAMI)	Dino	1001	D19637			29d. DATE SIGNED (Month, Day, Yea  July 12, 19				
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	1 7007			0 01	-J 12, 1993		
	Bashar Pharoan M.1		Franklin S	Square	Drive Ba	1timor	e, Md	2123	7		
	JUL 19 1993 &	32. REGISTRAR'S SIG	andett.								

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 20915

	1. DECEDENT'S NAME (First, Middle, Lest) GILBERT	JAMES		Ton	2.5	2			3. TIME OF OEAT
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest bi	JON 6 irthday) IF UNDER	t YEAR IF UND	DER 24 HRS. 7.	07 1.2	Ta.	BIRTHPLACE (State or Fr
	217-01-0212	s MIN.	(Month, Day, Year) 10/29/1	_ (	Maryland				
~	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH								OF DEATH
DIRECTOR	1203 Etting St	reet		Ba	ltimor	e		Ba	altimore
REC	10a. STATE 10b. COUNT			10d. INSIDE CITY					
	ld Bal	Baltimo					1 X YES 2 [		
FUNERAL	1203 Etting St		10f. ZIP CC	1217		10g. CITIZEN	OF WHAT COUNTRY?		
O.	11. MARITAL STATUS	O 13. V	NAS OECENDEN	T OF NISPANIC	ORIGIN? (Specify Ye		RACE — American India Black, White, atc.		
COMPLETED BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, E FORCES? 1, I IF YES, GIVE WAR	OR DATES	1	YES 2/ N		vario riican, etc.)		Specify: Black
	15. OECEOENT'S ED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)					16b. KINO OF BU		
	Elementary/Secondary (0-12)	College (1-4 or 5+) life. Do NOT use retired.)					Comfor	t Spri	ing Co.
DMP	12th grade 17. FATNER'S NAME (First, Middle, Lest)						SOC. S		dministra
E CC	Gilbert Washin		1000 C		O. Dent	n Sumame)			
00	19a. INFORMANT'S NAME (Type/Print)	AJLING ADDRESS			te Number, City or Tox	wn, State, Zip Coo	de)		
TO BE	Lena J. Boone		13	306 Div	ision	Stree	et Balt	o., Mc	1. 21217
	20a, METHOD OF DISPOSITION ALA Burlel 2 Cremation 3 Ren	moval from State	20b. PLACE AND	DATE OF DISPOSI		7.44		OCATION — City	
	4 Donation 5 Other (Specify)		GARRI		REST	7/16		INGS M	MILLS, ME
	D. A								
	23. PART I. Enter the diseases, or	, Jan		MA	RCH F	UN. HO	DME EAS	T 1101	E. NORT
IFICATION	resulting in death)	DUE TO (OF	R AS A CONSEQUE	ENCE OF):	CARCY	10VAS	SULLAR	. DISE	AST
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEQUE	ENCE OF):	CARCY	OVAS	SCHLAR	. DISE	AST
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OF d.	R AS A CONSEQUE	ENCE OF):					
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OF d.	R AS A CONSEQUE	ENCE OF):			rt I. 24a. WAS AI	N AUTOPSY RMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF
EDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OF d.	R AS A CONSEQUE	ENCE OF):			rt I. 24a. WAS AI	N AUTOPSY RMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF O OF DEATN?
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1	•	STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

HEGISTHAM		C	ERITIE	AIE	DEAL	Н	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, L.	nst)				-	2	DATE OF	DEATH DAY	γ.	YEAR	3. TIME OF DEATH
Margaret M							7	13	199	3	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:		F UNDER 1 YEAR			Month, De			a. BIRTHP Country)	LACE (State or Fore
213-48-6872	1 🗆 M 2 🗷 F	94	YRS.	ONTHS DAYS	HOURS	MIN.		8/189	20	M	
9a. FACILITY NAME (If not institution, g	ive street and number)		9b. CITY, TOWN OR LOCATION OF QU					0/ 10		TY OF OE	
Greater Baltimo	re Medical	Cent.									
RESIDENCE OF DECEDENT						-	Baltimore			re	
10a. STATE 10b. CO	UNTY		10c. CITY,	TOWN OR LOC	ATION						IOd. INSIDE CITY
Greater Baltimo			l Re	1+imo	re City						YES 2 N
10e. STREET AND NUMBER			I Ur		IOI. ZIP CODE	<del>y —</del>	10g. CITIZ			EN OF WI	IAT COUNTRY?
10. STREET AND NUMBER 104 N, Glover S 11. MARITAL STATUS			- 1	2122	24				11 9	S.A.	
11. MARITAL STATUS					ECENDENT OF	HISPANIC	OBIGIN? (S	inacify Yes	or No.		- American Indian
III I I I I I I I I I I I I I I I I I		YES 2 2	NO	If yes,	specify Cuben,	Mexican, I	Puerto Rice	n, etc.)		Black,	White, etc.
3 Wildowed 4 Divorced	11 123, 0172 1	ON DATES		1 '''	ES 2 NO	Specify:				Specify	√hite
15. QECEQENT'S		16a. QE	CEDENT'S US	SUAL OCCUPA	TION		16b. KIP	NO OF BUS	INESS/IND		MILL LE
(Specify only highest g	rade completed) College (1-4 or 5	(G	ive kind of wor . Do NOT use :	k done during i retired.)	most of working						
	Unk.	"	House	wife							
Unk. 17. FATHER'S NAME (First, Middle, Lest)			110 0000	"110	16 MOTUE	P'S NAME	(First, Midd	No Malrian I	Sumame1		
	n				100				out real (190)		
19a. INFORMANT'S NAME (Type/Print)	1 22 2 20										
Bernard Kuchta								-			
bernard Ruenta					it Ave.	10%	son,	_			
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 1	Removal from State		ANQ QATE OF	QISPOSITION (	Name of		OATE	20c. LOC	CATION — C	Ity or Tow	n, State
4 Donation 5 Other (Specify)		_ Holy	Redee	mer Ce			7/16	Ba1	timo	re. N	ID
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE	1	0		ANO ADDRESS	OF FACIL	JTY			-	
CLG.	OF I	and.	V_		abrows						MD 2122
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d										1
II DADT II ON	tions contributing to	death but not	resulting in	the underly	ng cause giv	ven in Pa	irt i. 24	a. WAS AN			VERE AUTOPSY FIN
PART II. Other algoriticant condi								PERFOR			MAILABLE PRIOR TO COMPLETION OF CA
							_   '	2			OF DEATH?
E							- 1				
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	L			26	PLACE OF QEA	ATH (Chart	only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:				DED.		-	
27. MANNER OF DEATH	28e, DATE OF		28b. TIME		ome 5 Resident				I DIMY OCC	UDEC	
III I Larrunurii 5   Penging	(Month, E		INJUF	ry v	NJURY AT VORK?		ed. QEŞCRI	DE HOW IN	MUNT OCC	UHEQ	
2 Accident Investigati		APP the setmon			YES 2	$\rightarrow$					
3 Suicide 6 Could not	bullding,	OF INJURY — At he atc. (Specify)	ипо, Tarm, stri	ret, factory, of	rice	2	8f. LOCATIO City or To	N (Street a own, State)	nd Number	or Rural Ro	ute Number,
29a. CERTIFIER (Check only one) 2 MEGICAL EXAL	HYSICIAN: To the best of	my knowledge, de	eth occurred	at the time, de	ite end place, a	nd due to	the cause(	e) end man	ner se state	d.	
one) 2 MEDICAL EXAM	MINER: On the basis of a										and manner as at
20h SIGNATURE AND TITLE OF CERT	1							-			
AHOL	la da-				29c. LICEN	/ >	9/11	9	Z9G. DATE	7-/	Worth, Day, Year)
W CON					166	16	ノブ	-/			
20 NAME AND ADDRESS OF BERNOW	WHO COME!	OF OF OFTER			(5)	-			- 4		3 /3
30. NAME AND ADDRESS OF PERSON	WHQ COMPLETEQ CAU	SE OF GEATH (ITE	M 27) (Type, P	rint)	~ ~ ~ ·	17	) - 0		-	M.	100
AH- GHIL	ADI.	10.	M 27) (Type, P	o (0)	LEK	0 2	7.10	Jak	501	Ma	12120
30. NAME AND ADDRESS OF PERSON  31. DATE FILEQ (Month, Day, Year)	ADI.	SE OF QEATH (ITE	M 27) (Type, PI	ini) 9 Os	LER	23	y-18	Jak	Son	Ma	12120

		1 - STATE REGISTRAR	STATE OF M	MARYLAN	ND / DEPAR					NTAL HYGIEN			3 3	
		1. DECEDENT'S NAME (First, Middle, Lest) Helen S. Kaplan								DATE OF DEATH DATE OF THE DATE		AR	.2:05 AM	м
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in )	yrs. last birthday)	IF UNDER		IF UNDER	24 HRS. 7	DATE OF BIRTH	8.	BIRTHPL	ACE (State or Foreign	
pin		569-20-3219 Sa. FACILITY NAME (If not institution, give	1 □ M 2√□ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 4-13-192	1 C		ornia	
2, 3 should	OB	811 Ferguson Rd.	street and number)			96. CITY	Jopt Jopt		ON OF DEAT	н	9€ COUNTY Har	ford		
42 +-	[다	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y		100 CIT	Y, TOWN C	OR LOCAT	TON						
permit. Pages 1, 2,	DIRECTOR	Maryland Har	ford		100.01	7, 10WH C	Jop						LIMITS?  VES 2 NO	
150	FUNERAL	100. STREET AND NUMBER 811 Ferguson Rd.					101	ZIP CODE	L085		10g. CITIZEN		T COUNTRY?	
1215-0020 r attending physician. use as the burlat-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	DECEDENT EVER IN U.S. ARMED ES? 1  YES 2) NO  G, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANN If yes, specify Cuban, Mexican 1  YES 2 X NO Specify:					F HISPANIC n, Mexican, F	ORIGIN? (Specify Yes		RACE — Black, W Specify:	American Indian, Mits, etc.	
by the hospital or attending physician be detached for use as the burial-trar at once.	ED	15. DECEDENT'S EDU	ICATION	1/	Ba. DECEDENT'S	HSHAL O	CHIDATIC	W		16b. KIND OF BUS	THESE WAR IS		White	_
	E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	_	(Give kind of a life. Do NOT us	work done	during mo	st of working	g	IOU. KIND OF BUS	SINESS/INDUS	н		
AND 2. The hospital of detached for once.	COMPLET	llth grade			Beaut:	iciar	1			Abraham	& Str	auss	е	
the hor detach	Ö	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Lest)							Surname)					
RYL ed by t	BE	Shigeru Sasajima  19a. INFORMANT'S NAME (TypePrint)  19b. MAILING ADDRE							su Uen					
MARY he retained b e 5 should notified	5	Mr. John Sasajim						te Number, City or Town		de)				
ORE, le may be ctor, page		20a. METHOD OF DISPOSITION 1	noval from State	cemete	LACE AND DATE	ther place)			- 1		CATION — City			
Page of direction		21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	IMet	ro Cre	nator	NAME AN	OC.	/ - 13	1−93 Bal Funeral H	timore	, <u>Ма</u>	ryland	-
BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or attending physic of in by the funeral director, page 5 should be detached for use as the buriat or removal.  medical examiner must be notified at once.	- 4	► E. F. Jassahn	June 1	ul Si	Lome					uneral H . Kingsv		Md.	21087	
24 hours / filled in tion, or re the med		23. PART i. Enter the diseases, pr shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	ise on eacl	h iine.						ratory arrest	,	Approximata interval Betwee Onset and Dea	
cecuted within and completely obvial, crematic event, that is a second to the second t	NO	Sequentially list conditions,	b. NC	OF AS A CO	ONSEQUENCE O	Pi:	010	n (	an	ar				
Sician Sician Arior t	CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c	(00 43 4 0	ONSEGUENCE D	r.,.								
DS, P.O. B( the death certificate the attending physic I Mental Hygiene pri	F	that initiated eventa resulting in death) LAST	DUE TO (DR AS A CONSEQUENCE OF):											
S, P. death of attending the attending to attending the attending to a try, or	CER		d										-	_
RECORDS, I requires that the death the death the atternance by the atternance of Health and Mental shows any Injury,	MEDICAL	PART II. Other aignificant condition	na contributing to	death but	not resulting	in the un	derlying	cause g	liven in Pa	rt I. 24a. WAS AN PERFOR	MED?	OF	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO	-
> ** ** 1														
T P ## B	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Check	only one)				$\Box$
SICIAN:	IYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2			4 🗆 Nun	sing Hom			Other (Specify)				
OH	34 PF	1 Section 5 Pending Investigation	28a. DATE QF (Month, D		28b. TIM	E OF URY M		URY AT RK? (ES 2		Id. DESCRIBE HOW I	NJURY OCCUR	ED		
DIVISION OR ATTENDING		3 Suicide 6 Could not be datermined	28e. PLACE O building,	of INJURY etc. (Specify)	At home, farm,	street, fact	ory, office		20	Sf. LOCATION (Street a City or Town, State)	and Number or I	iumi Rout	e Number,	
로 코오 노	COMPL	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYS 2 MEDICAL EXAMINI										ruse(s) ar	nd manner as stated.	
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT:	BE	29b. SIGNATURE AND HTLE OF CERTIFIE	R Wy-		+ MD				NSE NUMBE		29d. DATE SI	GNED (M	onth, Day, Year)	
FFA	2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	SE OF DEATH		Print)						12	1 13	$\dashv$
15		Dr. Naji Fakhour				Balt	imor	e, Mo	d. 212	236 (668–	8300)			
17	J	UL 17 1997	12. BIBISTRA	A-MAN	PARE									

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ON OF VITAL RECORDS, P.O. BOX 68760,	IDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit of the active both. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	Toponh		77 3	7	7.				MONT		DAY	YEAR	3. TIME OF DEAT
	Joseph 4. social security number 359-26-5697	5. SEX 1 M 2 - F	6. AGE (In yrs. led	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)	25	Ggunti	IPLACE (State or Fi
TOR	9a. FACILITY NAME (# not institution, games of December 1)	bard Stre	et				imor		ATH		9c. COUN		
DIRECTOR	10a. STATE 10b. CO			10c. CITY, TOWN OR LOCATION Baltimore									10d. INSIDE CITY LIMITS? 1 X YES 2
FUNERAL	3400 East Long					2/2	224					what country? . A.	
BY	11. MARITAL STATUS  1  Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO		If yes, sp			n, Puerto	t? (Specify Ye Rican, etc.)	s or No-	14, RACE Black Speci	E — American India k, Whita, etc. Hy: White
PLETED	15, DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(G	180. DECEDENT'S USUAL OCCUPAT (Give kind of work done during m life. Do NOT use retired.)  Therapist			ON ost of worldr	og .	181	Nursi			
E COMPL	17. FATHER'S NAME (First, Middle, Las Joseph Kozel							HER'S NA		Middle, Meider Zel	Surname)		
10 B	190. INFORMANT'S NAME (Type/Print) Olive Schumann 190. MAILING ADDRESS (Street and Number or Rural Route 5925 Eastern Ave. Balt							Route Num	ber, City or Tox	vn, Stata, Zip 2/224	Code)		
neast ne	20a. METHOD OF DISPOSITION  1 © Burlet 2 □ Cremetion 3 □ Removal from State  4 □ Donation 6 □ Other (Specify)									Castur			
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Land S. Zeiler & Son Inc. 6224  Eastern Ave.												
	IMMEDIATE CAUSE (Final disease or condition	ure. List only one ceu	use on each line	е.	not anter	the mo	oda of dy	ing, suc	h aa cen	diac or reap	olratory arm	Cu	Approxim interval B
event, me meeted	shock, Dr heart feli IMMEDIATE CAUSE (Final	a. Athe DUE TO	it caused the deuse on each line eroscler (OR AS A CONSE (OR AS A CONSE	e.  COUENCE O	Co OF):	the mo	oda of dy	ing, suc	h aa cen	diac or reap	olratory arm	Cu	Approxim interval B
MEDICAL CERTIFICATION	shock, Dr heart feli IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Athe DUE TO  b. DUE TO  c. DUE TO  d.	OR AS A CONSE	OUENCE O	OF):	the mo	oda of dy	ing, suc	lar	D. S.e.	N AUTOPSY RMED?	est,	Approximinterval B Onset and Onset and  WERE AUTOPSY FI MARLABLE PRIOR COMPLETION OF CO
MEDICAL CERTIFICATION	shock, or heart feli IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER?	a. DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:	OR AS A CONSE	EQUENCE O	OFF:	the mo	g cause	given in	Part I.	24e. WAS ALPERFO	N AUTOPSY RMED?	est,	Approximation of computation of comp
IYSICIAN: MEDICAL CERTIFICATION	shock, or heart feli IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. DUE TO c. DUE TO d. Bitions contributing to	JER/Outpatient	COUENCE O	OF):  OTHER 4   Nur	26. Pt R: zing Hom 28. INJ	oda of dy	given in	Part I.	24e. WAS ALPERFO	N AUTOPSY RMED?	246	Approximinterval B Onset and Onset and  WERE AUTOPSY FI MARLABLE PRIOR COMPLETION OF CO
BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart feli IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	JER/Outpatient	EQUENCE O	OFF):  OFF):  OFF):  OTHER 4   Nur ME OF JURY M	26. PIR: aling Horn	g cause :	given in	Part I.  eck only o.  6 Other  28d. DE	24a. WAS ALPERFO	N AUTOPSY RMED? 2 PMO	24b	Approximatinterval Baselin and Consett and
D BY PHYSICIAN: MEDICAL CERTIFICATION	shock, Dr heart feli IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH 1  Natural 5 Pending 1  Investigate 3  Suicide 6 Could not 4  Homicide 6 Could not 4  Homicide 1 CERTIFYING 5 (Check only) 1 CERTIFYING 5	a. DUE TO b. DUE TO c. DUE TO d	Jee on each line  COR AS A CONSE  (OR AS A CON	COUENCE O COUENC	OF):  OF):  OTHEI 4 Nur ME OF JURY M street, fact	26. Pi R: aing Hom 28c. INC 1   victory, office	g cause (	given in  EATH (Ch	Part I.  eck only or  5 Other  281, LOCALLY  to the ca	24a. WAS ALPERFO  1 YES  ATION (Street or Town, Stellands and materials)	N AUTOPSY RMED? 2 MAO Number and Number	24b  CURED  or Rural i	Approximinterval B. Onset and Onset

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**BALTIMORE, MARYLAND 21215-0020** 

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	1 - STATE STATE	OF MARYLAND / DEP/	ARTMENT OF H		MENTAL HYGIENI REG. NO.	20	20313
	1. DECEDENT'S NAME (First, Middle, Last) Lloyd Kelly				2. DATE OF DEATN	- 9	3. TIME OF DEATH  3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 160-01-856 1 10/12	12	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Worth, Day, Year)		BIRTHPLACE (State or Foleign PENNSYLVANIA
TOR	90. FACILITY NAME (If not institution, give eirest and nun  STELLA HARIS  RESIDENCE OF DECEDENT	HOSPICE		HORE	-Towson	9c. COUNTY	OF DEATH LTIMORE
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND HARFORD	25-725	OREST HILL				10d. INSIDE CITY LIMITS? V 1  YES 2 NO
FUNERAL	1717 K LANDMARK DRIVE			21050		10g. CITIZEN	USA
B₹	FORCE CONTRACTOR OF THE PROPERTY OF THE PROPER	ECEDENT EVER IN U.S. ARMED S? 1 M YES 2 □ NO GIVE WAR OR DATES		cify Cuban, Mexican	C ORIGIN? (Specify Yee , Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  College (1-2) 2	(Give kind life. Do NO	r's usual occupation of work done during most use retired.)  FITTER	N st of working	16b. KIND OF BUS	INESS/INOUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) THOMAS	KELLY		EMILY		RD	
10	19a. INFORMANT'S NAME (Type/Print) ELIZABETH L. KELLY	19b. MAILI 1717	NG AODRESS (Street of K LANDMAR	Number or Rural Ro	FOREST HIL	State, Zip Coo.	. 21050
	20a. METHOO OF DISPOSITION  1 X Burial 2 Cremation 3 Removal from S  4 Donation 6 Other (Specify)	tate cepperay, crematop o	TEOF DISPOSITION (National Property of the Control		19/93 BEL		or Town, State
	21. SIONATURE OF FUNERAL SERVICE LICENSEE PAL	IL HARTSOCK		RD J. FRO HARFORD	CK, INC. ROAD BALTI	MORE,	MD. 21214
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only go immediate Cause (Final disease or condition resulting in death)	ne the caused the death. Decause on each line.	0			atory arrest	Approximata Interval Between Onset and Daath
NO	Sequentially list conditions,	CTA STATI	OF):	icer	-		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE					
	PART II. Other algnificant conditions contribu	ting to death but not resulting	g in the underlying	causa givan in P	Part I. 24a. WAS AN	UTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA					PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL						1, 120 2 1, 100
PHYSICIAN:	EXAMINER? HOSPIT	AL:	OTHER:	ACE OF DEATH (Chec		tospi	ce
ву Рн	27. MANNER OF DEATH  28a. C  1 Naturel 5 Pending 2 Accident Investigation		IME OF 28c, INJURY WOI 1 Y	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW IN		
	3 Suicide 8 Could not be 4 Homicide determined	LACE OF /NJURY — At home, term ullding, etc. (Specify)	n, street, fectory, office		281. LOCATION (Street ar City or Town, Stete)	d Number or F	Rurel Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the be						use(e) end manner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUME			GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	0.00105.05.05.05.0					/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Morth, Day, Year)
11 9 1993

Jula Daydon Jandore

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V 11

BALTIMORE, MARYLAND	24 Nours after death. Page 6 may be retained by the hosp	ly filled in by the funeral director, page 5 should be detached ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, oremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIE		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
j	YU JIN		KIM			JULY 15	1993	3:25 A. M
	4. SOCIAL SECURITY NUMBER	1 1		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	578~86-3093 Se. FACILITY NAME (If not institution, give s	1 M 2 F	66 YRS.	575 FF	R LOCATION OF DE	01/10/2		KOREA
DIRECTOR	LORIEN NURSING HOL	ME		<b>∞</b> LUM	BIA		Н	OWARD
H	10e. STATE 10b. COUNTY	r	10c, CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
	MARYLAND HC	DWARD		COLUME				1 TYES 2 NO
FUNERAL	6163 FORTY WINK	C LIAV		101	ZIP CODE		1	OF WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	I U.S. ARMED	13. WAS DEC	21045 ENDENT OF HISPAN	IC ORIGIN? (Specify Y		RACE — American Indian.
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES		Il yes, spe	eith Cuberi, Mexicai 2 Z NO Specify	n, Puarto Rican, etc.)		Black, White, etc. Specify: KOREAN
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US	JAL OCCUPATIO	N	16b. KIND OF B	USINESS/INDUST	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	st of working			
M P		4	STORE OF	<b>NER</b>		RETAIL	SALES	
8	17. FATHER'S NAME (First, Middle, Last) KEUN HAK KIM					ME (First, Middle, Maide   HEE LEE	n Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street a		Poute Number, City or To	wn, State. Zio Cod	del
임	NEIL KIM		8602 TA			IE, MARYL		20720
	20a. METHOD OF DISPOSITION 1/L Burlal 2 Cremation 3 Rame	oval from Stata came	PLACE AND DATE OF D etery, crematory or other ULANEY VAI	ISPOSITION (Na	me of		OCATION — City	Control of the contro
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		ULANEY VAI		METERY 7		owson,	MARYLAND
	<b>&gt;</b>						TZKETA	FUNERAL 1425ES
	23. PART I. Enter the diseases, prospective of heart feiture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Stol	CONSEQUENCE OF):	enter tha mod	se or aying, suct	n aa cardlec or rea	piratory arreat	Approximeta Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL (	PART II. Other algnificant condition	a contributing to deeth be	ut not resulting in t	ne underlying	ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z								
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Che	ck only one)		
¥	1 TYES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28s. OATE OF INJURY	28b, TIME O	_	5 Residence		MI II II II A A A A A A A A A A A A A A	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOI	ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUPI	EU
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Speci	— At home, Jarm, stree			28f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
	4 Homicide determined							
COMPLETED		CIAN: To the best of my knowle R: On the basis of examination						
	29b. SIGNATURE AND TITLE OF CENTURES	<i></i>	and/or investigation, ii	і ту оріноп, а				
38	Land	rods			29c. LICENSE NUM	S 77	29d. DATE SIG	GNED (Month, Day, Year)
۵ ا	30. NAME AND ADDRESS OF PERSON WHO						- 17.1	
	GARY C. PRADA M. T. 31. DATE FILED (Month, Day, Year)			NT PKW	COLUM	BIA, MD.	21044	
1)	1111 1 9 1993	1 32. RESISTRAR'S SIGNA	nde PP_					

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALT	H AND	MENTAL	HYGIENE
CERTIFICATE OF DEA	ATH		REG NO

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)	JOHNSON	La	OCKE.	π	2. DAT	TE OF OEATH	5 1	933	3. TIME OF DEA	тн <i>А</i> м
	5. SEX 6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mo	TE OF BIRTH	010	Country		
9e. FACILITY NAME (If not institution, give stre	net and number)		L CITY, TOWH C	PR LOCATION OF C		ot 10 1	7	INTY OF O	Virginia EATH	1
Liberty Medical Ce	nter		Ba1t	imore						
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, CITY, T	OWH OR LOCAT	ION					10d, INSIDE CITY	
Maryland			timore						LIMITS?	
10e. STREET AND NUMBER		Bal		. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	NO
3509 Springdale Av	enue			21216				USA		
	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPA			or No-		- American Indi , White, etc.	en,
3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA	TES A		2 NO Speci		o riioari, etc.)		Specif	y:	
15. OECEDENT'S EDUCA	TION	16a. DECEDENT'S US	JAL OCCUPATION	DN .	16	8b. KIND OF BU	SINESS/IN	OUSTRY	Black	
(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working						
11th Grade		Dome	stic							
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First	, Middle, Meiden	Sumame)			
Robert Johnson  198. INFORMANT'S NAME (Type/Print)						Comlin				
_				nd Number or Rural		mber, City or Tow	n, State, Zij	Code)		
Revera Watson	201	PLACE AND DATE OF D		le Avenu		Baltim			21216	
1 N Buriel 2 Cremation 3 Remov	al from titute com	elery, cremetory or other mlin Fami	plece)		1			City or Ton	5-753	
21. SIGNATURE OF FUNERAL SERVICE LIGHT	NSEE	IIITII FAIII	22. NAME AN	ID ADDRESS OF FA					i <u>rginia</u>	T
Dam Z	Lellan	<u>.</u>	2501	Gwynns F more, Ma	alls	Nuccer Parkw	av	eral	Homes,	inc.
23. PART I. Enter the disesses, or co	mplications that caused	the death. Do not	Baltin	nore. Ma	ryla	nd 21	216	reet	Approxim	ata
shock, or Mart failure. Lis	st only one cause on ea	ch ilna.					ratory ar	1001,	Interval B	etween
disease or condition resulting in death)	Probable (	Cardiova	scular	Accid	lent	^			Oliset and	, Death
resulting in dastil)	DUE TO (OR AS A	CONSEQUENCE OF):							<u> </u>	
Sequentially list conditions, b.	Cardiom DUE TO (OR AS A	yopathy								
if sny, leading to immediate cause. Enter UNDERLYING	Congesti	CONSEQUENCE OF:	Fail	u re.						
CAUSE (Disease or injury that initiated events	DUE TO COD AS A	CONCEOURNOE OF								
resulting in death) LAST	Ventricu	lar Tach	Ycare	lia					j	
DART II Other elevidicant conditions						T				
PART II. Other significant conditions Chronic Rei	nal Failur	it not resulting in the	ha underlying	cause given in	Part I.	24a. WAS AN PERFOR	MED3/	24b.	WERE AUTOPSY FI AMAILABLE PRIOR	TO
CHIONIC WE	THE POLITOR	-				1 TYES 2	NO		COMPLETION OF CO	AUSE
									1   YES 2   1	10
25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATH (C)	heck only o	one)				
	HOSPITAL:		THER:	5 Residence						
27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJI	URY AT	1	EŞCRIBE HOW II	NJURY OC	CUREO		
1 Naturel 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ES 2 NO						
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, stree	t, tactory, office	1	281. LO Cit	CATION (Street a	nd Number	or Rural Re	oute Number,	
	AN: To the best of my knowle									
2 MEDICAL EXAMINER:	On the basis of examination	end/or Investigation, In	my opinion, de	eath occured at the	time, det	te and place, an	d due to th	e ceuse(a)	and manner as s	tated.
296 SIGNATURE AND TITLE OF CERTIFIER	KII M	,D,		D413	MBER 65		29d. DAT	E SIGNED	(Month, Day, Year)	3
30. NAME AND ADDRESS OF PERSON WHO CO	CK< TI M		berts	Medi	cal	Cent	e.v	21.7		
31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNA	TURE	0011)	1100.1						-
JUL 19 1993 Julie	2 Navidson-Aand	202								

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BALTIMORE, MARYLAND 21215-0020 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPA	RTMENT	0F F	EALTH AND	MENT					
	1. DECEDENT'S NAME (First,	Middle, Last)	TRVIN	LE	EVIN	FICALE	OF	DEATH		ATE OF D	EG. NO. DEATH DAY	-199	YEAR 3	3. TIME OF DEATH
							YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DA	TE OF B	T8,	1912	6. BIRTHP	t., Md.
H(	90. FACILITY NAME (If not ins Holy Cross				-		b. CITY, TOWN OR LOCATION OF DEATH Silver Spring Montgom				TY OF DE	ATH		
RECTOR	RESIDENCE OF DEC	100.00										10d. INSIDE CITY		
L DIRE	Maryland 100. STREET AND NUMBER	Mont	gomery		W	neaton	eaton Limit					LIMITS?		
FUNERAL	1404 Billmar	Lane					100. ZIP CODE 100. CITIZEN OF WHAT COI United State							
B	1 Never Married 2	1. MARITAL STATUS  ☐ Never Merried ☐ Widowed 4 ☐ Divorced  12. WAS OF CEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 1.				16.3	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2  Specify:  Caucasian					:		
IPLETED		DENT'S EDU- highest grade			life. Do NOT	f work done du	ring mo	est of working	1			of Ar	STRY	
BE COMPL	17. FATHER'S NAME (FIRST, MIC Israel Levin			'				18. MOTHER'S N		t, Middle				
0	194. INFORMANT'S NAME (7) Blanche Levi							as #10	Il Route No	umber, Ci	ity or Town	, State, Zip (	Code)	
	20a. METHOD OF DISPOSITION  5 Burlal 2 Cremation  4 Donation 5 Other (	ON 3 - Rem Specify)	oval from State		ery, crematory or					14		ation – d elphi		
	≥ CONATURE OF FUNERAL	DUT!	SENSEE			22. NA	ME AP	D ADDRESS OF PEARSO	FACILITY			-		
ERTIFICATION	23. PART I Enter the deshock, or he immediates or condition resulting in death)  Sequentially list condition if any, leading to immediates. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	ons, lata	DUE TO	Oruc (OR AS A C	LMUL CONSEQUENCE CONSEQUENCE CONSEQUENCE	phologo on: ardiai								Approximate interval Battonet and E
: MEDICAL C	PART II. Other significan	t condition	s contributing to	death but	not reaulting	In the unde	ariying	g cause given i	n Part I.		WAS AN A PERFORA YES 2	MED?	6	WERE AUTOPSY FINE WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:		ACE OF DEATH (C				<del></del>		
	27. MANNER OF DEATH  1 Netural 5 P	andina	26a. DATE OF (Month, De	INJURY	28b. TI	ME OF 21	Bc. INJ	e 5 ☐ Rasidence URY AT RK?	7			JURY OCCU	RED	
ED BY	2 Accident In	vestigation ould not be starmined	28s. PLACE Of building,	F INJURY — atc. (Specify	At home, farm			/ES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET			CIAN: To the best of R: On the basis of as											and manner as so-
TO BE CO	29b. SIGNATURE AND TITALE O	of CERTIFIER	Rosen 1	0				29c. LICENSE NU	JMBER	2001				North, Day, Year)
F	30. NAME AND ADDRESS OF	1	C P	E OF DEAT	H (ITEM 27) (Тур	e, Print)			1000					4
1	31. OATE FILEO (Month, Day, Ye	ark	> 10sen	MI.	)	>1/11	1	Pring	NA	>				

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2, 5	RESIDENCE OF DEC	NAVAL	MEDIC	į			
. B	10a. STATE	10b. COUNT	·	-			
permit. Pages 1, 2,	VIRGINIA		AIRFAX	7			
E I	10e. STREET AND NUMBER	F F	ILKEAA	7			
. iže   🖫	9523 NAR	RAGANS	ETT F	)			
020 physician. burial-transit	11. MARITAL STATUS	1010111	12. WAS D	E			
Dhys burit	1 Never Married 2 💢						
ending p as the b	3 Widowed 4 Divo	reed	IF YES	,			
MARYLAND 21215-0020 retained by the hospital or attending physician 5 should be detached for use as the burial-tranoutified at once.  TO BE COMPLETED BY FUN		EDENT'S EDU highest grade					
AND 2121 the hospital or attraction of the operached for use once.	Elementary/Secondary (0	-12)	College (				
the host detache	17. FATHER'S NAME (First, M	iddie Last)	5	2			
F C B G G			DECK				
MARY stained by should by otified a	ROLAND  19a. INFORMANT'S NAME (7)		BECK				
MAR retained 5 should notlifled			יעי				
Page page	SHIRLEY LAN		Λ.	_			
LTIMORE, ath. Page 6 may be nneral director, page aminer must be	1 Burial 2 Crematio	n 3 🗆 Rem	oval from S	1			
Mer dire	21. SIONATURE OF FUNERAL		ENSEE	-			
<b>4</b> 8 € 8	+ Gine	T Z	m	(			
within 24 nours after appletely filled in by the cremation, or removal vent, the medical	23. PART I. Enter the di ahock, or he	seases, or o	complicati	ę			
noun noun	IMMEDIATE CAUSE (Fin		List only c	n			
hy fill the the	disease or condition			TA.			
withii withii so,	resulting in death)		a	r			
Served and com burial, on aftic ev		_					
to X 68  te be execute sician and confor to bunia traumatic CATION	Sequentially list conditi		b	C			
AT I NAT	If any, laading to immed cause. Entar UNDERLY!						
Cate property of the property	CAUSE (Disease or Inju		D	C			
certificat ling phy glene p other	that initiated events resulting in death) LAS						
Early Find of P			d	_			
ON OF VITAL RECORDS, P.O. BOX 68760, DING PHYSICIAN: The law requires that the death certificate be executed with After this certificate has been signed by the attending physician and complete death with the State Dept. of Health and Mental Hyglene prior to burial, cremis is marked, or item 23 shows any injury, or other traumatic event, BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other aignifica	nt condition	a contribu	1			
C and by							
Signe Signe				_			
Sho of a				-			
as b Sept. 23				_			
N: The icate his State C State	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPIT	7			
VSI YSI	1 TES 2 NO		1 V Inpatie	0			
P. d. d.	27. MANNER OF DEATH		28a. C	M			
ON ON ON ON ON ON ON ON ON ON ON ON ON O		Pending nvestigation					
Affe dea dea dea dea dea dea dea dea dea de	3 Suiside	Could not be	28a. F				
THE SHEET IN	4 Homicide	Setarmined		PL			
DIFE DIFE	29a. CERTIFIER 17 CERT	IFYING PHYSI	CIAN: To the	u			
TO THE VISH AND ON ATTENTION OF THE OTHER SHADES OF THE OTHER SHADES OF THE OTHER SHADES OF THE OTHER SHADES OF THE OTHER SHADES OF THE OTHER SHADES OF THE OTHER SHADES OF THE OTHER SHADES OTHER SHADES OF THE OTHER SHADES OF T	ama)	CAL EXAMINE					
O IN	29b. SIGNATURE AND TITLE	OF CERTIFIER		_			
B B BE	-1		SMO				
P P 2 ₹ P	30. NAME AND ADDRESS OF						
	THOMAS P. I						

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	L HYGIEN		4 1	
	1. DECEDENT'S NAME (First, Middle, Last)	KENNETH HOW			DEATH	MONTH	OF DEATN	AY	YEAR	3. TIME OF OEATN
1	4. SOCIAL SECURITY NUMBER					_		993		3:08 M
			MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTN h, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
l	548-12-2307	1 M 2 □ F	/1		25000 3500		13 1			OMING
	9a. FACILITY NAME (If not institution, give st	reet and number)	96	. CITY, TOWH C	R LOCATION OF D	EATN		9c. COUNT	TY OF DE	ATH
	NATIONAL NAVAL				THESDA			MO	ONTG	OMERY
	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?
		IRFAX	7	/IENNA						1 YES 2 NO
	10e. STREET AND NUMBER	101. 21P CODE 10g. CITIZEN								HAT COUNTRY?
	9523 NARRAGANS				22180			UNI	TED	STATES
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 TYPES			ENDENT OF HISPA			or No-		- American Indian, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specif		mount, etc.,		Specify	r:
	15. DECEDENT'S EDUC	1941	1904 16a. DECEDENT'S USU						WHITE	
	(Specify only highest grade of	completed)	(Give kind of work life. Do NOT use rei	done during mo-	N st of working	16b.	KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	#1 HI - 5 VOI							
	17. FATHER'S NAME (First, Middle, Last)	. 5	U.S.C.G.				FENSE			
					16. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Surname)		
	ROLAND LANGEN  19a. INFORMANT'S NAME (Type/Print)	BECK	Division of the last	ea more			ERTON			
		**			nd Number or Rural					
ı	SHIRLEY LANGENBEC				NSETT PI					180
	1 ☐ Burial 2 X Cremation 3 ☐ Ramo	oval from State 20b	. PLACE AND DATE OF DI etery, crematory or other p	ISPOSITION (Na place)	me of	DATE		CATION — C		
1	4 ☐ Donation 6 ☐ Other (Specify)  21. SIONATURE OF FUNERAL SERVICE LICE	Me	etery, crematory or other petery, crematory or other peters.			17/1	4/93	Alexar	ndri	a. Va.
	21. SIGNATURE OF FUNERAL, SERVICE LICE	M.			& King		na F	nowal	TT	
	School A	Iluser		171 W	. Maple	Ave	ma ru	neral	HOM	e, Inc.
	23. PART I. Enter the diseases, or complete the service of the ser	. MULTI S	I the death. Do not death line.  YSTEM ORGA CONSEQUENCE OF:			h aa card	llac or reap	ratory arre	81,	Approximate Interval Batween Onset and Death
	Sequentially list conditions,									
ı	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	A CONSEQUENCE OF):							
I	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
ı	resulting in desth) LAST	500 10 (011 /15 /	CONSCOULACE OF J.							
ı										-
	PART II. Other aignificant conditions	contributing to desth b	ut not resulting in th	ne underlying	csuse given in	Part I.	24a. WAS AN PERFOR	IMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
						— I				1 ☐ YES 2 🔀 NO
ŀ	25. WAS CASE REFERRED TO MEDICAL			20.04	ACE OF BEATH (C)		- 1			
ŀ	EXAMINER?	HOSPITAL:		HER:	ACE OF DEATN (Ch					
	27. MANNER OF DEATN	1 Inpatient 2 ER/Outp	28b. TIME OF		5 Rasidence	_				
ı	1 VNetural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	26d. DES	CRIBE NOW I	NJURY OCCU	RED	
ı	2 Accident Investigation	24- 8/ 405 05 11 11 11			ES 2 NO					
İ	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Spec	— At home, farm, street	t, factory, office		281, LOCA City o	ATION (Street a or Town, State)	nnd Number o	r Aural Ao	ute Number,
	29a. CERTIFIER	NAME TO ALL DESCRIPTION								
		IAN: To the best of my know								and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d DATE	SIGNED (	Month, Day, Year)
	T. Dors	MO						▶ 13		
F	30. NAME AND ADDRESS OF PERSON WHO		ATN (ITEM 27) (Type, Print	()	NATIONAL	. MAV	AT. ME			
}	THOMAS P. DAVIS,				BETHESDA				CEN.	LEK
1	31. DATE FILED (Month, Day, Year)	## DEGISTRAR'S SIGN				- 111	2000)	2000		
-	JUL 17 1993 Aug	in Devidson Bond	486							

1	•	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	t. DECEDENT'S NAME (First, Middle, Last)																
		Mosarr	P1 1	- 4-1-	Τ				MONTH	DAY	YEAR	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	Mary	Elizab		Lan		IF UNDER 24		July 1			5:15 PLACE (State or Foreign					
	215-30-6035	1 🗆 M 2 💢 F	57	YRS.	-			MIN.	(Month, Day, Ye) 8/24/	er)	Country	)					
	Sa. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH					24/35 Virginia 9c. COUNTY OF DEATN							
OR	1914 Harewood	Road			Edgewood				Baltimore								
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			100 017	Y, TOWN OR						T						
DIRECTOR		Baltimo:	r 0	106. 011	I, IOHR OR			i mo-			-	10d. INSIDE CITY LIMITS?					
	10. STREET AND NUMBER	Jar Crino		1	Baltimore 101. ZIP CODE				10g. CITI	1 VES 2 NO							
FUNERAL	1503 Barkley A	lvenue			21221					USA							
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Your if yes, specify Cuban, Maxican, Puerto Rican, etc.)				Ty Yes or No-								
84	1 Never Married 2 X Married 3 Divorced		MAR OR DATES				X NO		. Jene menn, en	,	Specifi	y:					
	15. DECEDENT'S EDU	CATION	16a. I	DECEDENT'S	USUAL OCC	UPATION			16b, KIND O	F BUSINESS/IND	DUSTRY	White					
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of vite. Do NOT us	vork done du	ing most	of working										
COMPL	11th. Grade			Sale	es C1	erk			De	partme	ent	Store					
8	17. FATNER'S NAME (First, Middle, Last)			Tubo Test		$\overline{}$		R'S NAME	(First, Middle, M	siden Sumame)							
H H	George Middleton									Hammor							
2	John R. Lanasa									or Town, State, Zip		01000					
				LOUS				enue		imore,							
	20a. METHOD OF DISPOSITION  1 Buriel 2 X Cremation 3 Ram  4 Donation 5 Other (Specify)	oval from State	cametery c	rematory or of	ther place!			7				, MD 21					
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	- All	0 016	22. N/	ME AND	ADDRESS	OF FACIL	ITY								
	Cooper	 NT - 1- 1	-							of Mo							
	George E. M.		t caused the	feeth Do n	Z 9	9 F	rede	eric	K Kd.	Balto	) . , M	D 21228   Approximat					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO	ETAS (OR AS A CONS (OR AS A CONS	EQUENCE OF	F):	DVF	RIK	N .	CAN	cor		1 km					
CER		d															
MEDICAL	PART II. Other algorificant condition	na contributing to	death but not	reaulting (	in the und	eriying o	cause glv	en in Pa	PE	S AN AUTOPSY REFORMED? ES 2 NO	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PLAC	CE OF DEA	TH (Check	only one)								
S	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	g Home	5 Rasio	dence 8	Other (Specify	)							
S	27. MANNER OF DEATN	28a. DATE OF	INJURY	28b, TIM		Bc. INJUR	RY AT	_		OW INJURY OC	CURED						
PHYSIC		,			M	1   YES	S 2 🗆 I	NO .									
Ē	1 Netural 5 Pending 2 Accident Investigation			home form		office		1 2		treat and Mumber	or Rural R						
р ву рну	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE C building.	3 Suicide 4 Homicide 5 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)														
ETED BY PHY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE C building.	of INJURY — At I arc. (Specify)		street, factor		4 Homicide determined										
ETED BY PHY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only	ICIAN: To the best of	mc. (Specify)	death cours	ed at the tim	e, data an		nd due to	the cause(s) an	State) d manner as stat	led.						
ETED BY PHY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of a	mc. (Specify)	death cours	ed at the tim	e, data an		nd due to	the cause(s) an	State) d manner as stat	led.						
E COMPLETED BY PHY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only	ICIAN: To the best of a	mc. (Specify)	death cours	ed at the tim	e, data an		nd due to	the cause(s) an	d manner as states, and due to the	led. ne cause(s) E SIGNED	and manner as stat (Month, Day, Year)					
ETED BY PHY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of	I my knowledge, ixamination and/o	death course	ed at the tim	e, data an	th occured	nd due to	the cause(s) an	d manner as states, and due to the	led. ne cause(s)	and manner as stat (Month, Day, Year)					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR	
1		STATE	
U	_	REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH
William	N.	I	insc	omb			7 14		993	1424
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. last birthday)		IF UNDER 24 HRS.		OF BIRTH		S. BIRTH	PLACE (State or Foreig
220-20-6210	1 XM 2 🗆 F	68	YRS.	MONTHS DAYS	HOURS MIN.	1.8	th, Day, Year)		Count	
9a. FACILITY NAME (If not institution, give a	street end number)			9b. CITY, TOWN	OR LOCATION OF	DEATH	24-25	9c. COU	M NTY OF D	
	W COOL									LAIT!
Liberty Medica	al Cent	er		Balt	imore					
10e. STATE 10b. COUNT			10c. CI	TY, TOWN OR LOCA	TION					10d. INSIDE CITY
Md.			Da.	ltimore						LIMITS?
10e, STREET AND NUMBER			I Da.		H. ZIP CODE	-		I ton CIT	ZEN OF	WHAT COUNTRY?
2705 ** 11	7								JSA	THAT COUNTRIT
2725 Walbrook  11. MARITAL STATUS	AVE .		21216							
1 Never Married 2 Merried	ARMED	13. WAS DEC	CENDENT OF HISP pecify Cyben, Mexi	ANIC ORIGI cen, Puerto	N? (Specify Year, etc.)	o or No-	14. RACE Black	— American Indian, c, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			S 2 NO Spe				Speci	Hy:
~										BLACK
15. DECEDENT'S EDU (Specilly only highest grade	cation completed)	16a.	(Give kind of	Work done during me	ON ost of working	16	b. KIND OF BU	SINESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ille. Do NOT u	retired.)	1					
6th			Mor	ver						
17. FATHER'S NAME (First, Middle, Last)					16, MOTHER'S	IAME (First,	Middle, Maiden	Sumame)		
Coorgo	N. Lir	accomb			Monti	CO 1 1	0 10	kow	Lin	scomb
19a. INFORMANT'S NAME (Type/Print)	THE TELES	is COMO		G ADDRESS (Street						, D C O III D
Elenner Lines	nomb			Baker						7
ELeanora Lipso 20a. METHOD OF DISPOSITION	CIIIO:									
1 Suriel 2 Cremation 3 Rem	noval from State	cemetery,	CE AND DATE	OF DISPOSITION (Na other place)	ame of	DA		CATION —		
■ Donation 6 Other (Specify)		_ Mt.	Zion	Cem	/	7-20-9	Lar	sdov	wn, M	1d.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME A	ND ADDRESS OF	FACILITY				
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition	Æist only one ca	use on eech i	line.	not enter the mo	ode of dying, so	ich aa cei	diac or reap	Gilr zicia Iratory arr	nor an reat,	Approximata intervai Betw
anock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Ather	use on eech i	Ine.	not enter the mo	ode of dying, so	ich aa cei	diac or reap	Gilr	nor an	Approximata interval Betw
abock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Ather	os dero	Ine.	not enter the mo	ode of dying, so	ich aa cei	diac or reap	Gilr	mor an reat,	Approximata interval Betw
shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Ather DUE TO	os dero	INO.	not enter the mo	ode of dying, so	ich aa cei	diac or reap	Gilr ziciz Iratory arr	mor an reat,	Approximata interval Betw
ahock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Ather DUE TO	OS CERCO OR AS A CON	INO.	not enter the mo	ode of dying, so	ich aa cei	diac or reap	Gilr ZiCiz Irstory err	mor an reat,	Approximata interval Betw
shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Ather  DUE TO  DUE TO  DUE TO  d.	O OR AS A CON	ISEQUENCE O	not enter the mo	as cular	D,	diac or reap	Gilr	mor an reat,	Approximata interval Betw
shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Ather  DUE TO  DUE TO  DUE TO  d.	O OR AS A CON	ISEQUENCE O	not enter the mo	as cular	D,	diac or reap	AUTOPSY TAMED?	reat,	Approximate interval Betw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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abock, or heart fellura.  IdmeDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Matural 5   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Pending Investigation   Could not be   Could not be	B. Ather  DUE TO  DUE	O (OR AS A COND O (OR AS A CON	ISEQUENCE CONSEQUE	or enter the mo	LACE OF DEATH (Inc. 5   Residence JURY AT DRK? 2   NO	n Part i.  Check only of a 6 Oth 28d. DE 28d. DE 28f. LO Ch	24a. WAS AN PERFOI 1 YES :	I AUTOPSY AMED? NO INJURY OCC	24b CURED or Rural F	Approximate interval Betw Onset and Dr. Onse
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	B. DUE TO  b. DUE TO  c. DUE TO  d	O (OR AS A COND O (OR AS A CON	ISEQUENCE CONSEQUE	or enter the mo	LACE OF DEATH (Inc. 5   Residence JURY AT DRK? 2   NO	n Part I.  Check only on the Control of the Control	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED?  INJURY OCCUPANT OCCUPA	24b CURED or Rural F	Approximate interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within about start death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		STATE REGISTR	Al
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nal-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 2124

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within V. Jurs after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-11	1 - STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	LASEK			2. DATE OF DEATH	193 YEAR	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 217-01-2252		s. last birthday) IF UNI YRS. MONTH	DER 1 YEAR IF UNDER 24 HR B DAYS HOURS MIN	Advanta Con Mand		HPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give at		A-VE. 7	BACTO.	DEATH	9c. COUNTY OF	DEATH
	10a. STATE 10b. COUNTY	7	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
	807 S- LA	KEWOOD	AVE.	101. ZIP CODE	24	10g. CITIZEN OF	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	NO	If yes, specify Cuben, Me	PANIC ORIGIN? (Specify Yea xican, Puerlo Rican, etc.) ec/fy:	or No— 14. RAC Sied	CE — American Indien, ck, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 164 completed) College (1-4 or 5+)	O. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF SU	SINESS/INDUSTRY	21177
	17. FATHER'S NAME (First, Middle, Last)	BARCZAK	HOME	18. MOTHER'S	NAME (First, Middle, Maiden	Surnome (A LON)	ZYNSKY
	19a. INFORMANT'S NAME (Typo/Print)	4. Schwessel	19b. MAILING ADDR	ESS (Street and Number or F)	rel Route Number, City or Tow T. BALT	n, Stafe, Zip Code)	-2/224
	20a, METHOD OF DISPOSITION  10 Burlet 2 Cremation 3 Rem  Donation 5 Other (Specify)		ACE OF DISPOSITION	(Name of cometery, cremetory WISLAUS	CEN B	1172	G. MD.
	21, SIGNATURE OF FUNDAL SERVICE LIC	J. Start	A.	SKALDA F	H. 2829/	FUDSON	57: 21224
	23. PART 1. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A S C V D  DUE TO (OR AS A CO		ter the mode of dying,	auch as cardiac or reap	ratory arrest,	Approximate interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A CO	,				
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A CO	NSEQUENCE OF):				
	PART II. Other algolificant condition	na contributing to death but	not resulting in the	underlying cause give	1 In Part I. 24a, WAS AN PERFOI	RMED?	Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
	Left anteres	i Hemilel	ocle sa	I test a	back		OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH			
	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?  1  YES 2 NO	26d. DESCRIBE HOW	NJURY OCCURED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specify)	At home, farm, street,	factory, office	281. LOCATION (Street City or Town, State	end Number or Rura )	l Route Number,
	(Original Orin)	ER: On the basis of examination or					b(s) end manner se stated.
	296 MONATURE AND TITLE OF CERTIFIE	uch, MD			737	> 7/1	ED (Month, Dey, Year)
	30, NAME AND ADDRESS OF PERSON WHO	T. ESTRU	ICH M.D	Flareis S	cott Key	hede	out Centre
	31. DATE FILED (Month, Dey, Year) 11 9 1993	32, REGISTRAR'S SIGNATU					

# FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
SONJA MARTINA	Laberge				JULY 16.	1993	VEAR 0610
and the second s		(In yrs. last birthday) 7 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give stre	- 11	/	9b. CITY, TOWN	OR LOCATION OF D	MAY 08, 1		GERMANY TY OF DEATH
COLLEGE MANOR, I	NC.		LUTHER	VILLE		BAL	FIMORE
100. STATE 10b. COUNTY MARYLAND BALT	IMORE	1.4	Y, TOWN OR LOCA WSON	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER 200 TOWSONTOWN C	т. арт. 311			ZIP CODE		U.S	EN OF WHAT COUNTRY?
	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12 YEARS	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us	100.11	DN st of working	16b. KIND OF BU		STRY
17. FATHER'S NAME (First, Middle, Last) MARTIN	WASCHEK			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
19e. INFORMANT'S NAME (Type/Print)	MIDONER	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	m, State, Zip C	Code)
EBERHARD O. WASCHE	K	SAME	AS 10e.				
20s. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remove  4  Donation 5  Other (Specify)	ral from State 20th	D.PLACE AND DATE netery, cremetory or of ILLTOP SI	OF DISPOSITION (Nather place)	ama of ○DD○DATT	ONT 7/17		ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE	Meupa		22. NAME A	TOWSON  YORK RO	FUNERAL HO	ME, I	NC. RYLAND 21204
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):				
PART II. Other algorificant conditions	contributing to death to	out not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	HOSPITAL:		OTHER:	ACE OF DEATH CH	eck only one)		
	1   Inpetient 2   ER/Out		4 Nursing Hon		8 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCL	RED
2 Accident Investigation 3 Suicide © Could not be determined	28e. PLACE OF INJURY building, etc. (Spe-	f — At home, ferm,	street, tectory, offic	•	28t. LOCATION (Street City or Town, State)		r Rurel Route Number,
	IAN: To the best of my know						1. cause(e) end manner ea stated.
296. SIGNATURE AND TITLE OF CERTIFIER	-Onla	- wal	Mun	29c. LICENSE NUI	MBER 9282	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CHARLES F. O'DON!		_	Print) LER DRIV	E TOWSO	N, MARYLAN	D 21	204
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	-ZIC DKIV	_ 10490		J 61	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow shire death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DECEDENT'S NAME (First, Middle, Last)			M007=					2. DATE MONT 0 7	OF DEATH	DAY	YEAR	3. TIME OF DEATI
MAMIE  SOCIAL SECURITY NUMBER	5, SEX		MOORE	IF UNDER			A 1 1000			19	93	6:05
215-24-6962	1 M 2 X F	62	YRS.	MONTHS	DAYE	HOURS	MIN.	7 / 1	of BIRTH		Count M A	HPLACE (State or For
a. FACILITY NAME (If not institution, give st	reet and number)	-		9b. CITY	, TOWN	OR LOCATIO	N OF DE	_	1/20	9e. COU	NTY OF C	
528 N. SCHROED	ER ST.		- 644	BA	ALTI	IMORI	E			В	ALT	IMORE
RESIDENCE OF DECEDENT			I so or	Y. TOWN O								
MD BALTI	MODE			-10		CIT	v					10d, INSIDE CITY LIMITS?
00. STREET AND NUMBER	MOKL		IDAL	TIPIC		1. ZIP CODE				I 10a, CIT	IZEN OF	1 (X) YES 2 1
528 SCHROEDER	STREET				1 2	2122	3			USA		
1. MARITAL STATUS  Never Married 2 Merried  Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	2 NO	1	If yes, sp		, Maxica	n, Puerto	N7 (Specify Ye Ricen, etc.)	es or No-	14. RAC Blac Spec	E — American India ok, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		940	Be. DECEDENT'S (Give kind of a life. Do NOT us	work done o	during mo	ON pat of working	g	164	b. KIND OF BU	JSINESS/IN	DUSTRY	
GEORGE O. JOHN	SON		1455			DOV	A CI	LAY				
O. INFORMANT'S NAME (Typo/Print)  CHARLES JOHNSO	I N								NASHI			n c
Da. METHOD OF DISPOSITION		20h PI	LACEANDDATE				14 •	DAT		OCATION -		
☐ Burial 2 ☐ Cremation 3 ☐ Ramo	oval from State		ZION				/17					, MD.
BIGNATURE OF FUHERAL BERVICE LIC	INSEE	1/		22.	NAME A	ND ADDRES	S OF FA	CILITY				
23. PART I. Enter the diseases, or c shock, or heert fellure. I MMEDIATE CAUSE (Finel disease or condition resulting in death)	Arteri	ioscl	h iine.	not anter	tha mo	oda of dyli	ng, auc	h as car	diac or reas	piratory ar		Approxima Interval Be Onset and
MMEDIATE CAUSE (Final sleeses or condition seniting in death)  Sequentially list conditions, f any, leading to immediate seuse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	Arteri	LOSCI (OR AS A CO	eroti	not enter	tha mo	oda of dyli	ng, auc	h as car	diac or reas	piratory ar		Approxima Interval Be
ahock, or heert failure. I MMEDIATE CAUSE (Final lisease or condition eaulting in death)  Sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST	Arteri DUE TO DUE TO	LOSCI (OR AS A CO	HINE.  POTIONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	not anter C Ca	the mo	iovas	SCU	lar	Dise	a S e	rest,	Approxima Interval Be
ANOCK, or heert failure. I MMEDIATE CAUSE (Final lisease or condition eaulting in death)  Sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST	DUE TO DUE TO a contributing to	LOSCI (OR AS A CO	HINE.  POTIONSEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	not anter C C o	the mo	iovas	SCU	lar	Dise	A S E  N AUTOPSY PAMEO? 2 M NO	rest,	Approxima Interval Ba Onset and Onse
ANOCK, or heert failure. IMMEDIATE CAUSE (Final lisease or condition eaulting in death)  Sequentially list conditions, and any, leading to immediate lause. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST  PART II. Other aignificant conditions  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO	Arteri DUE TO DUE TO	LOSCI COR AS A CC (OR AS A CC (OR AS A CC	not resulting	not anter C C d F): F): OTHER	the mo	LOV as	S CU	Part I.	Dise	A S E  N AUTOPSY PAMEO? 2 M NO	rest,	Approxima Interval Ba Onset and Onse
ANOCK, or heert failure. IMMEDIATE CAUSE (Final lisease or condition eaulting in death)  Sequentially list conditions, any, leading to immediate lause. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST  PART ii. Other aignificant conditions  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO  7. MANNER OF DEATH  1 Annual 5 Pending	Arteri  DUE TO  DUE TO  DUE TO  HOSPITAL:	LOSCI (OR AS A CC (OR AS A CC  (OR AS A CC  (OR AS A CC  INJURY	ONSEQUENCE OF	not anter  C C d  F):  F):  orther  A \( \text{Num} \)	the mo	LOV as	SCU	Part I.	Dise	N AUTOPSY RMEO? 2 M NO	244	Approxima Interval Ba Onset and Onse
abock, or heert failure. IMMEDIATE CAUSE (Final isease or condition saulting in death)  dequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events seaulting in death) LAST  ART ii. Other eignificant conditions  ART ii. Other algnificant conditions  ART II. Other algnificant conditions  ART II. Other algnificant conditions  ART II. Other algnificant conditions  ART II. Other algnificant conditions  ART II. Other algnificant conditions  ART II. Other algnificant conditions  ART II. Other algnificant conditions  ART II. Other algnificant conditions  ART II. Other algnificant conditions	DUE TO DU	LOSCI (OR AS A CC (OR AS A CC (OR AS A CC (OR AS A CC  The second of the	DNSEQUENCE OF THE PROPERTY OF	OTHEF 4 Number of Surry M	the mo	LOV as	SCU	Part I.	Dise	N AUTOPSY RMEO? 2 N NO UIRY	24L	Approxima Interval Ba Onset and Onse
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Anock, or heert failure. I MMEDIATE CAUSE (Final Steeme or condition eaulting in death)  Sequentially list conditions, f any, leading to immediate susse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events eaulting in death) LAST  PART II. Other aignificant conditions  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending Investigation in the condition of the	DUE TO DU	COR AS A CO  (OR AS A CO  (OR AS A CO  (OR AS A CO  death but  ER/Outpatia  INJURY  (or Year)  FINJURY  my knowledge	ONSEQUENCE OF THE PROPERTY OF	OTHER 4 Num E OF JURY M street, fect	28. PIR: sing Hom 28c. IN. wC 1	LACE OF DIA  LACE	EATH (Chesidence) NO and due and at the INSE NUI	Part 1.  Part 1.  28d. DE  28f. LOCAL  to the cattering, dat  WBER	Dise	N AUTOPSY RMED? 2 M NO UIRY INJURY OC	241  CCURED  or or Rural  the cause(	Approxima interval Be Onset and Onse
ANOCK, or heert failure. IMMEDIATE CAUSE (Final lisease or condition eaulting in death)  Sequentially list conditions, any, leading to immediate lause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events eaulting in death) LAST  PART ii. Other aignificant conditions  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 5 Could not be detarmined  4 Homicide 6 Could not be detarmined  10. CERTIFIER (Check only one) 2 MEDICAL EXAMINEI	DUE TO DU	COR AS A CO (OR AS	not resulting  ant 3 DOA  28b. Tim. At home, farm,	OTHER	28. PIR: sing Hom 28c. IN. wC 1	LACE OF DIA  LACE	S CU	Part 1.  Part 1.  28d. DE  28f. LOCAL  to the cattering, dat  WBER	Dise	N AUTOPSY RMED? 2 M NO UIRY INJURY OC	241  CCURED  or or Rural  the cause(	Approxima interval Be Onset and Onse
ANDCK, or heert failure. IMMEDIATE CAUSE (Final lisease or condition eaulting in death)  Sequentially list conditions, and any leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events eaulting in death) LAST  PART II. Other algnificant conditions  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Accident   S   Pending Investigation   Suicide   Could not be detarmined   Could not be detarmined   CERTIFFIRR (Check only one)   2 MEDICAL EXAMINER	DUE TO DU	COR AS A CO (OR AS	not resulting  ant 3 DOA  28b. Tim IN.  At home, farm, ige, death occurrend/or investigation	OTHER 4 Num  Note that the time on, in my of the printing of the time of the time on, in my of the printing of the time of the time of the time of the time of the time of the time of the time of the time of the time of tim	28. PPR: sing Hom 28c. IN, WC 1	LACE OF DE LACE OF DE	EATH (Che sidence of at the control of the control	Part I.  Part I.  Cock only o  Colling to the catime, det	Dise	NAJTOPSY RAMED? 2 NO UIRY And Numbers) and Numbers)	244  CCURED  or or Rural  thed.  the cause(  O 7 — 1	Approxima interval Be Onset and Onse

ours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

use as the burial-transit

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the funeral director, page 5 should be the funeral director, page 5 should be the funeral director, page 5 should be the funeral director.	De men within 12 hours are been with the Case Cept. Or regult and mental righers prior to bound, clematori, or entitiva.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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31. DATE FILEO (Month, Day, Year)

9 1993

32. REGISTRAR'S SIGNATURE his Davidson-Randell

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LESTER V. MCCOY, SR. 93 4. SOCIAL SECURITY 9804 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) 10/23/23 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 227 - 22 - 7804 1 XM 2 F HOURS VIRGINIA YRS. 99. FACILITY NAME (If not institution, give stree 2009 E. HOFFMAN 96. CITY, TOWN OB LOCATION OF DEATH,
BALTIMORE CITY BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE BALTIMORE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2009 E. HOFFMAN 21213 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Put 1 TES 2 THO Specify: BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) CRANE OPERATOR BETHELEM STEEL once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Melden Surname)
BETTY GARLAND DREW MCCOY F BE notified 19a, INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2009 E. HOFFMAN STREET BALTO., MD. 2 MARGARET I. MCCOY be 20a. METHOD OF DISPOSITION
1/\(\)\( \)\( \) Burlel \( 2 \) Cremation \( 3 \) Removal from State
4 \( \)\( \) Donation \( 5 \) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must GARRISON FOREST CEM. 7/20/93 OWINGS MILLS, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUN. HOME EAST 1101 E. NORTH AVE medical 23. PART I. Enter the diseases, or complications that caused the des shock, or heart fellure. List only one cause on each line. death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Intervel Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition andro Vesula Disence my resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury. PART\_II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS artem useast AVAILABLE PRIOR TO or item 23 shows any COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DDA 5 Raeldence 8 Other (Specify) 27. MANNES OF OEATH 28a. OATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 ETED. 3 Suicide 8 Could not be Item 28 4 Nomicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner se stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER DO 18 BE 60 P.D. Edanso 1 16-2 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) /Type, Print) M.D Church .6000 Kotando HOSPITAL

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Leet)

93 20930

3. TIME OF DEATH

2. DATE OF DEATH

ROBERT L. MOORE IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOUSE MIN. 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F YRS. 5/25/35 243-50-1578 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 219 E.LAFAYETTE AVE DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Balto Md 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE use as the burial-transit Lafayette Ave 21202 F ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexicen, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Merried
3 Wildowed 4 Divorced BY 1 YES 2 NO Specify: COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade 10 Elementary/Secondary (0-12) College (1-4 or 8+) detached 8th 17. FATHER'B NAME (First, Middle, Laet) 18. MOTNER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be notified at Maggie Moore BE Hubert Moore 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Bobby 3129 Gwynn Falls Mann pe 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE must Memorial Pk 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY Irme mysmJR March F/H West 4300 Wabash Ave signed by the attending physician and completely filled in by the Health and Mental Hyglene prior to burial, cremation, or removal. 23. PART I. Exter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease of condition resulting in death) . Arteriosclesota Cardiovasculas disease event. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL ашу 1 X YES 2 NO f. of PHYSICIAN: this certificate has be with the State Dept. S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Nome 8 Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 8 Pending 1 YES 2 ND BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide \* 8 Could not be COMPLETED 4 Homicide 28 Item 29s. CERTIFIER

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1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2/XMEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 물을 night MD O.C.M.E. 0 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 11:45 A. 8. BIRTHPLACE (State or Foreign N.C. 9c. COUNTY OF DEATH 10d. INSIDE CITY XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. specify Black 16b. KIND OF BUSINESS/INDUSTRY Pkwy Balto, Md 21216 20c. LOCATION — City or Town, State 7/17/93 Randallstown, Approximata **Onset and Death**

111 Penn Street, Baltimore, Maryland DONALD G. WRIGHT MD 31. DATE FILED (Morth, Day, Year)

JUL 17 1993 32. REGISTRAR'S SIGNATURE Devido

DHMH-18 Rev 1/89

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24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 YES 2 | NO

29d, DATE BIONED (Month, Day, Year)

7-9-1993

COMPLETION OF CAUSE

FOR STATE REGISTRAR

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DIVISION OF VITAL	
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REG. NO. 1. DECEDENT'S NAME (First, Middle, Lext) 2. DATE OF DEATH 3. TIME OF DEATH 6:50P Sr. M. Eymard Moquin, R.S.M. 4. SOCIAL SECURITY NUMBER SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1271471910 220-54-8300 1 M 2 X F 82 use as the burlal-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR The Villa Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md **Baltimore** 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? 6808 Bellona Avenue 21212 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \( \subseteq \text{YES} \) 2 \( \subseteq \text{NO} \) NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify BY 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe jo Elementary/Secondary (0-12) College (1-4 or 5+) Religious Sister detached Catholic Church notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Moquin Elizabeth Wernsdorfer 2 BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Sr. M. Brian, R.S.M. 6808 Bellona Avenue Balto, Md. 21212 99 20s. METHOD OF DISPOSITION
11- Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must director, Woodlawn Cemetery7/14 Baltimore, Md examiner 21. SMINATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Sterling Ashton Funeral Home 1000 36 Edmondson Avenue Balto, Md or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finsi Onset end Death and completely fille burlai, cremation, cardiovascular disease disease or condition resulting in death) atherosclerotic executed within traumatic event, OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to this certificate has been signed by the attending physician is with the State Dept. of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 requires that the death PART II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL any dement COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? Shows 1 ☐ YES 2 ☐ NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 2 He H 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 ND BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 3 Suicide 6 Could not be COMPLETED 28 4 Homicide Tem 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attend. TO THE HOSPITAL OF THE FUNERAL DE FITE WITHIN 72 HORD IMPORTANT: If IN HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER BE acces an emo 3 Da6391 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1 9 1993 a Deviden-Bordelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	TOATE	OI I	DEAIII		nLo	. NO.					
1. DECEDENT'S NAME (First, Middle, Las	1)						2. DATE	OF DEA	TH	,	YEAR	3. TIN	E OF DE	ATH
Roxie	Anne		Me	eade			0		1		993	4	:00	P.
4. SOCIAL SECURITY NUMBER 213-28-0906	5. SEX 1  M 2  F	6. AGE (In yrs. le	est birthday) YRS.			IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRT h, Day, Y	ear)		6. BIRT		(State or	Foreign
9a. FACILITY NAME (If not institution, given 201 N. Broad RESIDENCE OF DECEDENT			23			nore C	EATH			9c. COU	INTY OF I			
10a. STATE 10b. COUR			10c, CIT	TY, TOWN OR L	LOCATIO	ON						10d, II	NSIDE CIT	ΓY
Md.				Balto		ZIP CODE			-	10- 017	IZEN OF	2525	YES 2	
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15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5	S	Give kind of le. Do NOT u				16b	. KIND C	F BUSI	NESS/IN				
17. FATHER'S NAME (First, Middle, Last)			Don	mestic	1	18. MOTHER'S N	AME (First.	Middle, M	faiden S	(umame)		-		
Charles Graves	3							-, "						
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (S	Street and	d Number or Rura	Floute Num	ber, City	or Town,	State, Zi	p Code)			7
Louise Graves	3					e Ave.,						230	-	1
20a. METHOD OF DISPOSITION  1 Department 2 Cremation 3 Re	amoval from Stata		AND DATE		ON (Nam	ne of	DAT				City or T			
4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Ki	ng Mc	m Dk	ME AND	D ADDRESS OF F	ACII ITV		····	dull	.SCOW	VII/	ria.	
	-	1		EE, 1974	HALL PARKE	NODILLOG OF F	- COLLIII							
1 A mad D	11/2 1-7	5 ( 1	410											
23. PART I. Enter the diseases, of ehock, or heert failure immediate CAUSE (Final disease or condition resulting in death)	a. ARTER	JOSCW	skot	Manot enter the	arch		ch aa can	diac or	reapin	etory ar			Ave. Approximaterval interval in	Betwe
ehock, or heert failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. A DUE TO b. DUE TO c.	use on each lin	FOUENCE O	Manot enter the	arch	le of dying, su	ch aa can	diac or	reapin	etory ar	rest,		Approxim	Betwe
ehock, or heert failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO  DUE TO  DUE TO	O OR AS A CONSE	EQUENCE O	Mannot enter the	arch es mod	ie of dying, su	LULA	24a. W	Pl	SEA	85	b. WERE AMAILA COMPP DF DE	Approximatery in the result of	FINDIN R TO CAUS
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hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF ATTENDED IN SICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR ALL OFFICIAL OFFICIAL SIGNATOR ALL DIRECTOR. ALL SIGNATOR ALL DIRECTOR AND THE STATE DEAD. OF Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

214-84-7025

JUL 1 9 1993

Joshua McFadden Jr.

5. SEX

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0	1 X New Married 2 3 Widowed 4 Dh	specify Cuban, Mexican, Puerto Rican, atc.) Black,			Black, V Specify:	Black						
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1	Elementary/Secondary	Do NOT use	retired.)									
THE STATE OF	17. FATHER'S NAME (First,	Middle I net)					Tan aspertence as			erior	Con	rt
E C							18. MOTHER'S N					
מ	Joshua M		n Sr.	191	. MAJLING /	ADDRESS (Stree	t and Number or Rural	n Sin	Glet or Town	State Zin C	notical .	
2	Evelvn M	cFaddo	n	- 1			Ave./ Ba				300)	
	204. METHOD OF DISPOSE	TION		20b.PLACE	NDDATEO	DISPOSITION		DATE		21218 ATION — CIR	y or Town	, State
	1 X Burlet 2 Cremat 4 Donation 5 Oth		noval from State	Wood.	Lawn	Cemete	ery	1		timor		Co.
1	21. SIONATURE OF FUNER	AL SERVICE L	ICENSEE	-0		22. NAME	AND ADDRESS OF F	ACILITY				
	Wm.C. March F/H 1101 E. North Ave											e.
AL CERTIFICATION	23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentielly list cond if smy, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations.	Itlons, edieta YING jury	b	on esch line Cation As a consecut As a consecut As a consecut As a consecut As a consecut	S Of DUENCE OF) DUENCE OF)	AIDS			a. WAS AN A	WTOPSY		interval Bet Onset and I 2 Week
			•				ng codec given in		PERFORM	AED?	CC	MILABLE PRIOR TO OMPLETION OF CAL F OEATH?
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200	EXAMINER?		HOSPITAL:	VOutpatient 3		OTHER:	ome 5 🗆 Residence		nec/h/)			
		Pending Investigation	26a. DATE OF INJ (Month, Day, Y		28b. TIME INJU	OF 28c. II	NJURY AT VORK? YES 2 NO			JURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									Rurel Rout	te Number,	
COMPLETED			SICIAN: To the best of my ER: On the beels of exemi									nd menner as stat
BE	296. SIGNATURE AND TITL	E OF CERTIFIE	- hard	N	0		29c. LICENSE NU				14/5	Jonth, Day, Year)
2	30. NAME AND ADDRESS (	<u> </u>	01000	1 -11							,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

MONTHS

20933

93 YEAR

9c. COUNTY OF DEATH

3. TIME OF DEATH 7:05 P

Balto.

Approximate interval Between Onset and Death 2 weeks

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

8. BIRTHPLACE (State or Foreign

2. DATE OF DEATH MONTO 7 13AY

7. DATE OF BIRTH (Month, Pay, Year) 4/16/62

DHMH-16 Rev 1/89

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Pag	After this certificate has been signed by the attending physician and completely filled in by the funeral dir	
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STATE OF MARYLAN	D / DEPARTMENT	<b>OF</b>	HEALTH	AND	<b>MENTAL</b>	HYGIENE
	CERTIFICATE	O	DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle,				2. DATE OF DEATH MONTH JULY 14,199	3. TIME OF DEATH  3. TIME OF DEATH  11:30A M
4. SOCIAL SECURITY NUMBER	tloff 5. SEX 6. AGI	E (In yrs. last birthday)	JNDER 1 YEAR   IF UNDER 24 HRS.	7 DATE OF BIOTH	6. BIRTHPLACE (State or Foreign
579 44 1431	1 M 2 F	78 YRS. MON	THE DAYS HOURS MIN.	June 18,1915	New York, NY
10831 Luxberr	v Drive		Rockville		ntgomery
	Montgomery	WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER	Polityonery	Rocky	10f, ZIP CODE	10g. CI	TIZEN OF WHAT COUNTRY?
10831 Luxberr	v Drive		20852	and the same of th	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER	S 2 NO		ANIC ORIGIN? (Specify Yee or No cen, Puerto Rican, atc.)	ted States  14. RACE — American Indian, Black, White, etc.  Caucasian
15. DECEDENT (Specify only highes	'S EDUCATION at grade completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working ired.)	16b. KIND OF BUSINESS/IN	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Historian		Dept. of t	he Army
17. FATHER'S NAME (First, Middle, L.		TITS COLICII,		IAME (First, Middle, Meiden Surneme)	-
Joseph Matloff				Glickhaus	
190. INFORMANT'S NAME (Type/Prin		19b. MAII ING ADI		of Houte Number, City or Town, State, 2	7in Code)
Gertrude Matle			dress as #10	rearrant, only or rown, diam, 2	
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF		OATE 20c, LOCATION -	- City or Town, State
1 Donation 5 Other (Specific	☐ Removal from State	of cemetary, crematory or o	ther place)	s. 7-15-93 Fal	
21. SIGNATURE OF FUNERAL SERV	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	King David	22, NAME AND ADDRESS OF		LIS Church, Va.
Mari	eko			n Funeral Homes	3
shock, or heert for immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	s. Due to lon as	S A CONSEQUENCE OF:	20	y last wir	interval Between Onset and Death
If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	<b>}</b>	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):			
PART II. Other significant con	nditions contributing to death	but not resulting in the	ne underlying ceuse given	In Part I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 XNO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
				—	1 WES 2 NO
25. WAS CASE REFERRED TO MED	ICAL T		26. PLACE OF DEATH /	Check only one)	1   YE\$ 2   NO
EXAMINER?	HOSPITAL:	ordered 2 DOA 0	26. PLACE OF DEATH (		1   YES 2   NO
		utpatient 3 DOA 4 (	FMER:  Nursing Home 5 Residence  28c, INJURY AT	e 6 🗆 Other (Specify)	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Periodic	HOSPITAL: 1   Inpetient 2   ER/O  28e. DATE OF INJUR (Month, Day, Year	utpatient 3 DOA 4 (	THER: Nursing Home 5 Residence Residence Residence Residence Residence Residence Residence		
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EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Peniclin  2 Accident  3 Suicide 6 Could  4 Homicide determ  29e. CERTIFIER (Check only)	HOSPITAL:  1   Inpetient 2   ER/O  28e. DATE OF INJUR (Month, Day, Yea.  28e. PLACE OF INJU  building, etc. (S  3 PHYSICIAN: To the best of my kn	Pry At home, farm, stree	F 28c. INJURY AT WORK?  M 1 YES 2 NO  At, factory, office	28d. DESCRIBE HOW INJURY O  28d. DESCRIBE HOW INJURY O  28f. LOCATION (Street and Numb. City or Town, State)	occureo per or Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Peniclin  2 Accident  3 Suicide 6 Could  4 Homicide determ  29e. CERTIFIER (Check only)	HOSPITAL:  1 Inpatient 2 ER/O  28e. DATE OF INJUR (Month, Day, Year  28e. PLACE OF INJUR building, etc. (S)  2 PHYSICIAN: To the best of my kn  XAMINER: On the best of examina	Pry At home, farm, stree	F 28c. INJURY AT WORK?  M 1 YES 2 NO  At, factory, office	28d. DESCRIBE HOW INJURY O  28d. DESCRIBE HOW INJURY O  28f. LOCATION (Street end Numb City or Town, State)  ue to the cause(s) end menner as s he tima, date end place, end due to	occurse or Rural Route Number,
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DHMH-t6 Rev 1/89

TO BE COMPI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE STATE OF THE S	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit

31. DATE FILED (Month, Day,

1993

	700										-	33	20935
	1 - STATE REGISTRAR	STATE OF MARY	LAND / [	DEPAR	TMEN	T OF H	EALTH DEAT	AND N					
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>		OAI		DLA		2. DATE OF D	EG. NO.			3. TIME OF DEATH
1/2	EVANTIYA	MIRIC	CANYAN	1					July	D/		YEAR	10:20 PM
-	4. SOCIAL SECURITY NUMBER 5.	. SEX 8. AGE	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH	1	8. BIRTH	IPLACE (State or Foreign	
- 0	214 98 2162	□ M 2 XXXF 7	YRS.	MONTHS	DAYS	HOURS	MIN.	July .	7, Year,	1916	Count	w rkev	
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE	ATH/			NTY OF D		
OR	Harbor Hospital	Center			Ba	ltim	ore (	City					
[ [	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY			44 000									
DIRECTOR						OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland Baltim	ore		Tov	vson		ZIP CODE						1 YES 2XXNO
FUNERAL		7m+ 1001					21204	17					YHAT COUNTRY?
=	300 E. Joppa Road	WAS DECEDENT EVER	IN II C ADM	ED.	1 12				IC ORIGIN? (Sp			rkey	
	1 Never Merried 2 🔀 Merried	FORCES? 1 YES	2 NO	)	1	If yes, spe	city Cube	n, Mexicer	n, Puerto Rican	, etc.)	or No-		— American Indian, c, White, etc.
B	3 Widowed 4 Divorced	ii res, dive tian on t	DATES			I 🗌 TES	2 V NAO	Specify.	•			Spec	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION poletecii	16a. DECE	EDENT'S	USUAL O	CCUPATIO	N ed was did		16b. KINI	OF BUS	INESS/IND		
191		College (1-4 or 5 +)	life. D	Do NOT us	e retired.)	during mos	st of workin	g					
₹	12 Years		Hom	nemal	ker				Own	n Ho	me		
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	ME (First, Middle	, Melden	Surname)		
BE	Milteiades Rigor	oulos					, ,	, ,	ra		know	_	
0	190. INFORMANT'S NAME (Type/Print)								loute Number, C				
-	Nadia Farace		1	071	) Po	t Sp	ring	Road	d Coc	keys	vill	e, M	d. 21030
	20e, METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal	from State ca	b. PLACEAN	atory or of	her place!				1 -		CATION —		.,
	4 Donation 5 Other (Specify)  21. SIGNAPULE OF FUNERAL SERVICE LICENS	S	t. De	meti	rios	Cem				Cub	Hil.	1, M	aryland
		1			22.	name an Ruck	TOW:	son ]	iury Funera	l Ho	me,	Inc.	
- 3	Herryles C.										n, Ma		and 21204
	23. PART I. Enter the diseesea, or com shock, or haert failure. Liat	plicetione thet ceuse	d the deat	th. Do n	ot enter	the mod	de of dyl	ng, auch	aa cardiec	or reepl	ratory err	eat,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final			_	Garage, Garage								Onset and Death
	disease or condition resulting in death)	adu	et k	2ee	nu	ulo	wy .	dis	lus	24	meli	m-	
		DUE TO (OR AS	A CONSEOU	ENCE OF	5:	0	nl	,		0			
NO N	Sequentially list conditions, b	DUE TO (OR AS	LUN	W.	4-	7 7	li	di	wole	rue	m		
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윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEOU	ENCE OF	):								
ᇤ	resulting in death) LAST												
뜅													
Ä	PART II. Other aignificent conditions c	ontributing to death i	but not rea	nuiting i	n the ui	nderfyling	ceuee g	Iven In I	Part I. 24a.	WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									10	YES 2	□ NO	ĺ	COMPLETION OF CAUSE DF DEATH?
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Ä													
PHYSICIAN:		OSPITAL:			OTHE		ACE DF DE	EATH (Che	ck only one)				
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	1 Natural 5 Pending	(Month, Day, Year)	Ι,	28b. TIME INJU		28c. INJU	RK?	1.00	28d. DESCRIB	E HOW IN	IJURY OCC	URED	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home	a form o			E\$ 2 [	NO	Set LOCATION	1 (0)			
	4 Homicide determined	building, etc. (Spe	ecify)	o, mini, e	diest, lec	iory, orrice	'		City or Tow		na Number	or Hurar F	loute Number,
COMPLET	29e. CERTIFIER												
MP	(Check only 1 CERTIFYING PHYSICIAL	N: To the beat of my know											
8		n the basis of examination	on aud/of tuA	restigation	n, in my o	opinion, de	eath occur	ed at the t	time, date end	place, enc	due to th	e cause(e	) and manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	4	,				29c. LICE	NSE NUM	BER		29H. DATE	SIGNED	(Month, Day, Year)
	(146,6	Hung C	· NS		40		10	440	0/6		P /	115	7/53

32 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	8	9 9	E
	-	3 7	is marked, or item
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-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after di	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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	1. DECEDENT'S NAME (First, Middle, Last, Hayward	outten					2. DAT	E OF DEATH	<b>4</b> - 93	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-34-3295	5. SEX	5. AGE (In yrs. leat birth	MONTHS	DAYS	IF UNDER 24 H	RS. 7. DAT	E OF BIRTH oth, Day, Year) 5/8/28		BIRTHPLA Country)	CE (State or Foreign	
OR	3531 Lucill				alt	OR LOCATION O			9c. COUNT			
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT  Md	ту	100	Balto		TION					I. INSIDE CITY LIMITS?  Y YES 2 \( \text{\tinx{\text{\tikitet{\text{\tint{\texi}\text{\text{\text{\text{\tin\text{\text{\text{\texi}\texit{\texit{\text{\texit{\tex{\texit{\text{\text{\text{\texi{\texi{\texi{\texi{\texi{\texi{\te	
FUNERAL	100. STREET AND NUMBER 3531 Lucill	e Ave			10	21215	;		10g. CITIZE	N OF WHAT	COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		13	If yes, sp	CENDENT OF H	exican, Puerto		e or No — 14	I. RACE — Black, Wi Specify:	American Indian, hite, atc. Black	
COMPLETED	18. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 6 t n		(Give kir	INT'S USUAL ( and of work done for use retired.)	OCCUPATION during mo	ON ost of working	10	b. KIND OF BU	ISINESS/INDUS	BTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Joe Outten					CANADA CANADA	Trail and	Middle, Melden Harri				
TO B	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  3531 Lucille Ave Balto, Md 21215											
	20e. METHOD OF DISPOSITION  1	moval from State	20b. PLACE AND D	ATEOF DISPO	SITION (N	eme of	k 7/2		butus			
	21. SIONATURE OF FUNERAL SERVICE L	ICENSEE	Mr. or		. NAME A	no ADDRESS C	OF FACILITY	757				
		1 4	1 IN MUSO	mJd.		,	11 110	00 10		D u J 11		
	23. PART   Enter the diseases, or shock, or heart failure   IMMEDIATE/CAUSE (Final disease of condition resulting in death)	a. PROP	caused the death.	W		ode of dying,					Approximata Interval Between	
ATION	immediate/cause (Final disease of condition	a. PROP	SOBLE	CE OF):	or the mo	ode of dying,						
ERTIFICATION	IMMEDIATE CAUSE (Final disease of condition resulting in desth)  Sequentially list conditions, if any, leading to immediate	a. PROP DUE TO (	SOBLE OR AS A CONSEQUEN	CE OF):	or the mo	ode of dying,					Approximeta Interval Between	
MEDICAL CERTIFICATION	iMMEDIATE/CAUSE (Final disease of condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. PROL DUE TO (  b. DUE TO (  c. DUE TO (	OR AS A CONSEQUEN	CE OF):	or the mo	oda of dying,	such as ca	rdiac or resp	A AUTOPSY	24b. WE AMM CO	Approximate Interval Between Onset and De	
MEDICAL C	IMMEDIATE CAUSE (Final disease of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions and the cause. Examiners are sufficient conditions.	a. PROS  DUE TO (  b. DUE TO (  c. DUE TO (  d. DOE TO (  HOSPITAL:	OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN death but not result	CE OF): CE OF): CE OF):	or the mo	g cause give	n in Part I.	24a. WAS AN PERFO	A AUTOPSY	24b. WE AMM CO	Approximeta Interval Betwe Onset and De  RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease of condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions and the cause of the conditions of the conditions of the cause of the c	a. PROTO ( b. DUE TO ( c. DUE TO ( d. DUE TO ( d. DOBE TO ( d. DUE	OR AS A CONSEQUEN  OR AS A CONSEQUEN  OR AS A CONSEQUEN  death but not result  ER/Outpatient 3 □ D  INJURY 258	CE OF): CE OF): CE OF):	25. Piersing Hon	g cause give	n in Part I.	24a. WAS AN PERFO	N AUTOPSY RMED?	24b. WE AMM COOL	Approximeta Interval Betwe Onset and De  RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease of condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions and the cause cause. The conditions is a case of the cause cause. The cause c	a. PROS  DUE TO (  b. DUE TO (  c. DUE TO (  d. DUE TO (	OR AS A CONSEQUEN  OR AS A CONSEQUEN  OR AS A CONSEQUEN  death but not result  ER/Outpatient 3 □ D  INJURY 258	CE OF):  CE	25. Plensing Hon	g cause give	n in Part I.  H (Check only:  once 5 🗆 Ott	24e. WAS AN PERFO	N AUTOPSY RMED?  2 NO	24b. WE AMM CONF	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease of condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST  PART II. Other aignificant conditions and investigation of the cause o	A. DUE TO ( b. DUE TO ( c. DUE TO ( d. DUE	BOBLE OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN OR AS A CONSEQUEN  DR AS A CONSEQUEN  CRACK CONSEQUENCE  CRACK CONSEQ	CE OF):  CE	25. PER: unaling Hon 26. IN. WC 1   ctory, office	g cause give	n in Part I.  H (Check only once 5 🗆 Ott	24e. WAS AN PERFO 1 VES :	N AUTOPSY RMED? 2 NO INJURY OCCUI	24b, WE AMM COO OF 1 [	Approximate interval Betwoonset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SWA



31. DATE FILED (Month, Day, Year)

JUL 1 7 1993

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		S: 9c,10	Oc, & 19b, PER							9	3	20937
	1 - STATE REGISTRAR		STATE OF MAR			MENT OF H			YGIEN	E		
ñ	1. DECEDENT'S NAME (First	6 wer	dolph					2. DATE OF I	DEATH DA	· ·	YEAR 3	TIME OF DEATH
9	4. SOCIAL SECURITY NUM 219 - 42 - 95	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 8/24/	y, Year)		Country)	LACE (State or Foreign			
TOR	PAUSTON RESIDENCE OF DEC	9	FALLS	TON	DEATH			TIME	HARFORD			
DIRECTOR	10s. STATE	10b. COUNTY	HARFORD.		10c. CITY,	TOWN OR LOCAT	TION GROUPS	EDGEWO	OD	10d, INSIDE CITY		
	100. STREET AND NUMBER	TREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?										
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	ATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  15. YES GIVE MAD OR DATE:										
COMPLETED	(Specify onl	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16. KIND OF BUSINESS/INDUSTRY  VETERAN ADMIN. PERRY PT.										
BE CON	17. FATHER'S NAME (First, M WILLIAM E		PER				18. MOTHER'S NA	AME (First, Middle	e, Maiden S			
10	196. INFORMANT'S NAME (Type/Print)  BRIAN MALLOY  196. MAILING ADDRESS (Street and Number or Rural Route EDGEWOOD Zip Code)  426 GATESHEAD COURT BALTO, MD. 21040											
	20a. METHOD OF DISPOSITION 1/C Burles 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of UNITY of Page 2) 20b. PLACE AND DATE OF DISPOSITION (Name of UNITY of Page 2) 20b. PLACE AND DATE OF DISPOSITION (Name of UNITY of Page 2) 20b. PLACE AND DATE OF DISPOSITION (Name of UNITY of Page 2) 20c. LOCATION — City or Town, State 20c											
	21. SIGNATURE OF FUNERA	L SERVICE LK	ENSEE &		\$		H FUN.	ACILITY				. NORTH
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one ceuse of	SOY.	she	enter the mo	de of dyling, suc	au cerdiac				Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	DUE TO (OR A									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO  24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 Note											
ву РНУ	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Vear)  28b. TIME OF INJURY WORK?  1 Netural 5 Pending  28c. DATE OF INJURY (Month, Dey, Vear)  28b. TIME OF INJURY WORK?  1 YES 2 NO											
	2 Accident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — Al ho Specify)	me, farm, stre	et, factory, offic	8	281. LOCATIO City or To	N (Street s wn, State)	nd Number o	or Rural Rou	ite Number,
COMPLETED			CIAN: To the best of my kr									and manner as stated.
8	29b. SIGNATURE AND TITLE	_		me	12		29c LICENSE NU		7	29d. DATE	1	Achth, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WH	COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, Pr	(ne) / O	4 PC	'umo	tree	18	elt	for 2161
8	31. DATE FILED (Month, Day,	1993	32. REGISTRAR'S S		dell		· <u>.</u>					

1 -	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	ICATE	OF DEAT	TH	REG. NO			
	1. DECEDENT'S NAME (First, Middle,							2. DATE OF DEATH			3. TIME OF DEATH
	James (, Pa	lmer JR.						OFFITH P	2	953	1435 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR IF UNDER	1 24 HRS.	7. DATE OF BIRTH		-	PLACE (State or Foreign
	212-32-7341	1 💢 M 2 🗌 F	57	YRS.	MONTHS	DAYS HOURS	MIN.	06-21-3	6 I	Country	MD
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY. 1	OWN OR LOCATI	ON OF DEA			NTY OF DE	
DIRECTOR	Peninsula R	egional				lisbur		****		icon	
ᇤ	RESIDENCE OF DECEDEN	DUNTY		100 017	Y, TOWN OR	LOGITION					
<u>E</u>	MD				ALISBI						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				чгтэр						1 TES 2 NO
RA	The second second					10f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
빌	1005 FAIRGROUN		PT. 9			2180				U.S.1	
BY FUNERAL	1 Never Married 2 Married		TEVER IN U.S. AR YES 2 XN WAR OR DATES		1111	AS DECENDENT C yes, specify Cuba YES 2 NO	ın, Maxican	C ORIGIN? (Specify Yes , Puerto Ricen, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, atc.
	3 ₩ Widowed 4 Divorced									opoon	Black
COMPLETED	15. DECEDENT'S (Specify only highest	grade completed)	(Gi	ive kind of	USUAL OCC	UPATION ring most of working	19	16b. KIND OF BUS	SINESS/IND	USTRY	
۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u							
M	<u> 10th</u>		Į U.	NEMP!	LOYED						
	17. FATHER'S NAME (First, Middle, Lat	,				18. MOTI	HER'S NAM	IE (First, Middle, Malden	Surname)		
BE	James C. Pal						Ber	tha Quee	n		
2	Bertha Queer		198					oute Number, City or Town		Code)	121217 1to, Md
	20a. METHOD OF DISPOSITION					_	al A	ve Apt 1			
	1 Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from State	cemerary cre	matory or o	of DISPOSITI	netery		7 / 1 O / O 2			.,
i	21. SIGNATURE OF FUNERAL SERVI		- 110.	210		ME AND ADDRES	CC OF FAC	7/19/93	Lanc	1500	wne, Ma
		200						h Funer	al E	lomo	
	Jusay	Cham	2		1 1 1	01F 1	lort	h Ava P	31+0		Md 21202
	23. PART I. Enter the diseases abook, or heart fall	, or complicetions that lure. List only one cau	t ceused the de	eth. Do r	not enter th	e mode of dyl	ing, such	as cerdiac or reapi	ratory erro	eat,	Approximate
i i	IMMEDIATE CAUSE (Final	and and only one out	or on each mie.								Interval Between Onset and Death
	diseese or condition resulting in death)	Arteri	osclero	otic	Car	diovas	cula	ar Diseas	se		
		DUE TO	(OR AS A CONSEC	DUENCE OF	F):						
DICAL CERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONSEC	HENCE OF	D.						
EA!	If any, leeding to immediate cause. Enter UNDERLYING	)	TON AS A CONSEC	OENCE O	7:						
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CONSEC	UENCE OF							
E	resulting in death) LAST	4			,						
씽		- a.									
A I	PART II. Other significent cond		death but not re	eaulting i	n the unde	erlying ceuse g	lven in P	art I. 24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	Diabetes M	ellitus						1 YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
ME								_		- 1	1  YES 2  NO
ä											
5	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:				28. PLACE OF DI	EATH (Chec	k only one)			
IS	1 XYES 2 NO	1 Inpatient 2	ER/Outpatient 3	X DOA	OTHER:	g Home 5 🗀 Ra	sidenca 6	Other (Specify)			
BY PHYSICIAN:	27, MANNER OF DEATH	26a. DATE OF (Month, D.		28b. TIM	E OF 2	C. INJURY AT WORK?		28d. DESCRIBE HOW IN	JURY OCC	URED	
≿∥	1 Natural 5 Pending 2 Accident Investiga	tion			М	1 YES 2	] NO				
	3 Suicide 6 Could no	building,	F INJURY - At hor atc. (Specify)	ne, farm, s	treet, factory	, offica		261, LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,
E I	4 Homicide determin	d						ony or lown, gially			
2	29a. CERTIFIER (Check only	PHYSICIAN: To the best of	my knowledge, des	ith occurre	ed at the time	, data and placa,	and dua to	the cause(a) and man	ner as state	id.	
COMPLETED	one) 2 MEDICAL EXA	MINER: On the basis of a	xamination and/or is	rvestigatio	n, in my opir	ilon, death occur	ed at the ti	me, data and place, and	due to the	cause(s)	and manner as stated.
EC	296. SIGNATURE AND TITLE OF CER	TIFIER				29c. LICE	NSE NUMB		29d. DATE	SIGNED (	Month, Day, Year)
0	John 5 (3)	pelisten	MDDer	717 + 47	M. F	T	0350	20	•	07-1	2-93
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH VITEN	27) (Type,	Print)	-	0350				
	John T. Bu	lkeley, M	.D., 10	08 P	ine :	Bluff	Rd.,	Salisbu	ry,	Md.	21801
1	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE								

	0		
1	7	-	should a should
	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed a should
	8	fter	Š

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local state death. Page 6 may be retained by the hospital or attending physic TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	A	CE	RTIF	ICATE	OF	DEATH	Я	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	TRENT' ROME	PO PIICH	1				2. DATE OF I	DAY	1993	3. TIME OF DEATH 4:45 P
	4. SOCIAL SECURITY NUMBER 220-78-2902		AGE (In yrs. las 27	_	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 9-2	нтн	8. BIRTI- Countr	IPLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give s SINAI HOSPITA	The second second second			96. CITY		OR LOCATION OF DE			COUNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MARYLAND	Y		10c. CIT	ry, town (	R LOCAT					10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL (	100. STREET AND NUMBER 5211 ST. CHARLE	S AVENUE	111		DAI		. ZIP CODE 21215		10g.	CITIZEN OF V	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAF	YES 2 A			If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2X NO Specify	n, Puerto Ricer		Black	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12) 1 2 + h		(Gi	ve kind of Do NOT u	USUAL O work done ise retired.)	during mo	st of working	16b. KIN	D OF BUSINESS		
COM	17. FATHER'S NAME (First, Middle, Lest)			ono o	NDUK		18. MOTHER'S NA		e, Maiden Surnan		
TO BE	JULIUS PUGH  19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural I		City or Town, State		
	SHIRLEY PUGH  20a. METHOD OF DISPOSITION 1 G Burlal 2 Cremation 3 Ren	novat from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Ne	RLES ST.	OATE	20c. LOCATION	- City or To	
	4 Donation 5 Other (Specify)	CENSEE	WEST.	LIXIV	22.	NAME A	NO ADDRESS OF FA	CAP	LE FUNE	RAL SI	ERVICE
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. RIGHT	R AS A CONSEC	DUENCE O	0F): 10N 0F):		No I	47601	1010		3 DAYS
PHYSICIAN: MEDICAL CER	PART II. Other eignificent condition  ACQUIRED IMM  25. WAS CASE REFERRED TO MEDICAL	WNDDEFI				PROI		1(	WAS AN AUTOF PERFORMED? YES 2 PAG		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO
Sic	1 YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHE	R:			pecify)		
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	17. MANNER OF DEATH 1 Watural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY OCCURED M 1 YES 2 NO									
	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)									Route Number,	
COMPLETED	anai —	ER: On the basis of axer									a) and manner ea stated.
TO BE C	296 DISPLATERE AND STEEL OF CENTERS 30. NAME AND ADDRESS OF PERSON W	REJIDI			SICIA	7	29c. LICENSE NUM	ABER	29d.	JNV	(Month, Day, Year) Y 17, 1993
7	HENRY CO, M.	_	HOS			4	BALTINO	RE	BACTIM	ORE,	MD 21215

BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	- 3

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Î	lay be retain	page 5 sho	t be notif
	. Page 6 m	ral director.	liner must
	after death	by the fune.	fical exam
	Vin 24 hours	tely filled in nation, or re	t, the med
	pecuted with	and complet	natic even
	tificate be e	g physician iene prior to	ther traum
	ne death ce	the attendin Mental Hyg	njury, or o
	ulres that th	signed by Health and	we any li
	The law red	te has been te Dept. of	em 23 she
	HYSICIAN:	this certifica with the Sta	ked, or It
	TENDING P	TOR: After tafer death	28 is mar
	PITAL OR AT	RAL DIRECT	I: If Item
	TO THE HOSI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTAN
			-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENI
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN	
20	1. DECEDENT'S NAME (First, [Migdie, Last)	Denzell 7	T. Porter		2. DATE OF DEATH	AY /3 YEAR 22:48 M
1	4. SOCIAL SECURITY NUMBER 217 ↔ 20 ↔ 6303	NG 2 □ F		UNDER 1 YEAR IF UNDER 24 HRS.  HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Manth Day Wood) 10 to 23 to 19	a. BIRTHPLACE (State or Foreign Country) West Virginia
OR	90. FACILITY NAME (If not institution, give V. A. Hospital			Baltimore Ci	FATH	9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Maryland	Baltimore	10c. CITY, T	OWN OR LOCATION	astpoint	10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 8022 Lansdale R			101. ZIP CODE 212		1 □ YES 2/(X NO  10g. CITIZEN OF WHAT COUNTRY?  United States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 [X] YES IF YES, GIVE WAR OR D. ATMU WW	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 X XNO Specify	nn, Puerto Rican, etc.)	
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	ICATION	16a. DECEDENT'S US	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY
MPL	10th Grade	1 7 7 2 2 2 2 2 2	Iron	Worker	Lo	cal #16
	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Sumeme)
BE	John Porter  190. INFORMANT'S NAME (Type/Print)				ia Smith	
2	Mrs. Gwendolyn	U Donton		oness (Street and Number or Aural ansdale Road		
	20a. METHOD OF DISPOSITION	200	.PLACE AND DATE OF D			CATION — City or Town, State
	1 D Burlai 2 Cremation 3 Ren 4 Donation 5 Qther (Specify)	noval from State	Sacred Ht.	Of Jesus Cem.	7/16/93 B	altimore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	22. NAME AND ADDRESS OF FA	CILITY	
	Tredou	6 Care	X	1922 Wise Ave		of Dundalk, Inc. Maruland 21222
	23. PART I. Enter the disesses, or	complications that cause	the death. Do not	enter the mode of dying, suc	ch as cardiac or respi	Iratory arrest, Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Tist only one cause on e	ach line.	00		Interval Between Onset and Death
	resoluting in deality		CONSEQUENCE OF):			
8	Sequentially list conditions,	DUE TO OR AS A	CONSEQUENCE OF):			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	achda.		April An	20.1.0	
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	10111	S. C.	
	resulting in death) LAST	d,				
AL C	PART II. Other significant condition	na contributing to death b	ut not resulting in t	he underlying cause given in	Part I. 24s. WAS AN	AUTOPSY 24b. WERE AUTOPSY FINDINGS
EDICA					1   YES 2	COMPLETION OF CAUSE
ME						OF DEATH?
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (C/	neck only one)	
14S	1 YES 2 NO	1. Inpetient 2 ER/Outp		☐ Nursing Home 5 ☐ Residence		
0.	Natural 5 Pending	(Month, Day, Year)	INJURY	F 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF INJURY	— At home, farm, stree		281. LOCATION (Street	and Number or Rural Route Number,
TED	4 Homicide datermined	building, etc. (Spec	эту)		City or Town, State)	
PE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurred a	t the time, data and place, and due	to the cause(e) and mar	nner as stated.
COMPLET						d due to the cause(e) and manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	P Q	0,00	29c. LICENSE NU	MBER	29d. DATE SIGNED (Menth, Day, Your)
07 N	30. NAME AND ADDRESS OF PERSON WITH	eld, No	ATH (ITEM 27) (Type, Pri	more wel		
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			
	JUL 1 7 1993	gura vantan-	POTROLL			



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	28. DIDECTIO. After this partitions has been strandled by the otherwise and connected filled to be the decision and Connected to the state of the st
ш	rs after	a bec 46
	4 hou	Had le
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed within 24	the hand of the the offeredless of the completely fi
DIVISION OF VITAL	TAL DR ATTENDING PHYSICIAN: The Ia	At DIDECTO. After this certificate has

1993

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 July 9 DAY George E. Putnam 6:44 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
Feb. 7, 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 577-46-3652 1 🔯 M 2 🗌 F HOURS 56 YRS. Washington, D.C. 1937 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF CEATH Montgomery General Hospital DIRECTOR Olney Montgomery RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Olney YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 3828 Wilberta Street 20832 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 X Merried B₹ 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Washington Suburban Elementary/Secondary (0-12) College (1-4 or 5+) 12 0 Electrician Sanitary Commission notified at once, 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) George E. Putnam Anna Utterback 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy P. Putnam 3828 Wilberta St., Olney, MD 20832 e e 20s METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 A Removal from Stale
4 Donation 5 Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must funeral director, Arnon Cemetery 7/17 Great Falls, VA 21. SKINAT THE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Green Funeral Home 721 Elden St., Herndon, VA 22070 medical ART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart falls List Dnly one cause Dn each lins. interval Between cremation, or MIMEDIATE CAUSE (Final Onset and Death the disease or condition JUILLAIN) peen signed by the attending physician and completely of Health and Mental Hygiene prior to burlar, cremat shows any Injury, or other traumatic event, it resulting in death) DUE TO (OR AS A CONSEQUENCE OF): POTENSINE
DUE TO (OR AS A CONSEQUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING PATOR CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause give in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO Auter was cerumcate has been death with the State Dept. c 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSBITAL: OTHER: 1 TES 2 NO patient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO death 2 Accident 3 Suicide 26e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) TO THE PLINEHAL DINELLON; AND THE REAL OF THE POPULANT; If Item 28 is ( 261. LOCATION (Street and Number or Rural Floute Number, City or Town, Stete) COMPLETED 6 Could not be 4 Homicide 1 CENTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and dus to the ceuse(s) end menner as etated. 2 \_\_MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. FUNE MOTHER 29b. BIONATURE AND TIPLE OF CERTIFUE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) BE oblatoreno D35362 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Malave 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sequentially list conditions

2 MEDICAL EXAM

Eddie Nakhuda

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE whia Davidson-Randalle

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

1 -

BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

GILOO TO OT	TO BE COMPLETED BY PHYSICIAN, MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospita	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital

FOR STATE REGISTRAR		STATE OF I	MARYL	AND / CE	DEPAR1 RTIFI	IMENI CATI	T OF H	IEALTH DEA <sup>-</sup>	AND :		IYGIEN	IE	93	20942
1. DECEDENT'S NAME (First		Pieper								2. DATE OF MONTH	DEATH	M5 -	9 SEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUME	BER	5. SEX 1 0 M 2 0 F		(In yrs. last		IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	BIRTH	. ) =	a. BIRTI	6:15PM M  APPLACE (State or Foreign  Timore
9a. FACILITY NAME (# not in Stella	Маг	ris					OWS	O N	ON OF D	EATH			Itim	
RESIDENCE OF DEC	EDENT													
Maryland	10b. COU	INTY			Ba]	tim		ION						10d. INSIDE CITY LIMITS?  1 X YES 2 NO
10e. STREET AND NUMBER							-	ZIP COD	E			10a CD	IZEN OF Y	VHAT COUNTRY?
3004 Ruecke	rt A	ve.						2121	4				S.A.	
11. MARITAL STATUS  1 Nover Married 2 Married  1 Vidowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			ED)	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:			or No-	14. RACE — American Indian, Black, White, etc. White						
15. DEC (Specify only Elementary/Secondary (0	r highest gr	College (1-4 or 5 4 YYS		(Give	e kind of we be NOT use achei	retired.)	CCUPATIO during mo	ON st of workin	g	16b. KIN	D OF BU	SINESS/IN	DUSTRY	
17. FATHER'S NAME (Flist, MI Henry J. P		r								ME (First, Middle Willi				
19a. INFORMANT'S NAME (7)	/pe/Print)			19b.	MAILING /	DDRES	S (Street a	nd Number	or Rural	Route Number, (	Hy or Tow	n. State. Zi	n Codel	
Burke H. Pi	eper	, Sr.								Baltimo				4
20a METHOD OF DISPOSITE 1 X Burlal 2 Cremetlo 4 Donation 5 Other	n 3 🗆 R	emoval from State	20b	DST HO	Ty Rec	pispos or piace)	er Cer	me of netery	, 7	-19-93		to., M	City or To	wn, State
21. SIGNATURE OF FUNERAL	L SERVICE	LICENSEE	LI Ca	thou		22.	NAME AN	D ADDRES	S OF FA	CILITY				
· Roy:	H.C	ather	Н. Са	tuler.		Le	onard	J. R	uck, I	nc.,5305	5 Har	ford F	Rd.,Ba	lto.,Md.21214
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disesse or condition resulting in death)	eart reliui	or complications the re. List only one cau	use on a	sch line.		t entar	the mo	de of dyl	ng, suc	h ss cardiac				Approximata Interval Between Onset and Death

PERFORMED?  1 YES 2 NO COMPLETION OF DEATH?  1 YES 2	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CE OF):			
	PART II. Other significant condition	ing ceuse given	ing In the underlying	g ceuse given in Part i.	PERFORMED?	0 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	S. WAS CASE REFERRED TO MEDICAL	PLACE OF DEATH	26.6	LACE OF DEATH (Check on)		1 TYES 2 NO
EXAMINERT  1 YES 2 NO  HOSPITAL:  1 Inpetient 2 FROutpating 3 DOA  OTHER:  Nursing Home 5 Residence 6 Other (Specify)	The state of the s		QTHER:			
27. MANNER OF DEATH  1   Matural   S   Panding   Investigation   28s. DATE OF INJURY   28s. TIME OF INJURY   28s. INJURY AT WORK?  2   Accident   Investigation   28s. DESCRIBE HOW INJURY OCCURED	1 Natural 5 Panding	NJURY AT WORK?	TIME OF 28t. IN.	JUNY AT 284. C		URED
3 Suicide 6 Could not be 4 Homicide determined 25e. PLACECP INJURY — At home, ferm, street, factory, office 25e. CERTIFIER —	4 Homicide determined	fice	OCATION (Street and Number of By or Town, State)	or Ploral Route Number		

2300 Dulaney Valley RD. Towson,

294. DATE SIGNED (Month, Day, Wast)

Maryland 21204

J. 111 S

	BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	c certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	idical examiner must be notified at once.	
(	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIGH CONTINUE PHYSICIAN: The law requires that the death certificate be executed within 24 houn	TO THE TREE IN CHETOR: After this certificate has been signed by the attending physician and completely filled in by the to be filled with the completely filled in by the to the filled with the compation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

31. DATE FILED (MONTH, Day, Year)

JUL/11/98 1993

32. REGISTRAR'S SIGNATURE
LE DEVIDENT RENDE

	FOR	STATE NE I	AADVI AND	PEDAD	-TAGES	יד חר ו	**********	AND	-4-4		_	3	20943
	1 - STATE REGISTRAR	SINIE UF I	MARYLAND /	ERTIF	ICAT	E OF	DEA	AND	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		7)						2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	ANNIE		LUIVES						7			93	4:25 PM
	4. SOCIAL SECURITY NUMBER 254 - 18 - 0959	5. SEX	6. AGE (In yrs. la:		IF UNDI	DAYS	IF UNDER	24 HRS.	7. DATE (Monti	OF BIRTH	4	Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	7	82	- YRS.				1111	773	(a = 1)	8/23/10		
Œ	Harbor Hos						OR LOCATI			ıl.	9c. COUNT		
18	RESIDENCE OF DECEDENT	ortal. Harbor Hospital					1 tak	Ba	Himmer H	ALT.	IMORE		
DIRECTOR	MD BALT	IMORE		BAI	Y, TOWN	TIMODE LIMIT						Od. INSIDE CITY LIMITS?  YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					10	r. ZIP COD	E			10g. CITIZE		AT COUNTRY?
Ä	623 HILLVIEW R	OAD				2	122	5			USA		
B⊀	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? YES .  IF YES, GIVE WAR OR DATES				13	If yes, sp	ENCENT Cocker Cube	n, Mexica	in, Puarto I	? (Specify Ye Rican, atc.)	s or No- 1	4. RACE - Black, 1 Specify:	- American Indian, White, atc. BLACK
B	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		CEDENT'S					16b.	KIND OF BU	ISINESS/INOUS	STRY	
COMPLET	6th grade	College (1-4 or 5	+) life	CHI	se retired.	)							
Ö	17. FATHER'S NAME (First, Middle, Last)									Aiddle, Maiden	Sumame)		
BE	NATHANIEL BAKE	R							I A Y				
0	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  623 HILLVIEW DOAD BALTO MD 21225												
-	1023 MILLVILW ROAD, BALTU., MD. 21225												
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo	oval from State	GARR	AND DATE O	of DISPO	SITION (NE	me of	- 8.4	OATI	20c. LC	CATION — CH	y or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- I GAKK	1301		NAME A	ID AOORES	SS OF FA	CILITY	6/93	OWIN	45 N	MILLS, MD
	* Kinet	tox	· Jon	e	)	Marc	h F,	/ H   F	lome	East	110	1 E.	North A
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final disease or condition Mail 1)										Onset and Daeth		
	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSEC	QUENCE OF	F):								
FIC	CAUSE (Diseese or injury thet initieted events	OUE TO	(OR AS A CONSEC	QUENCE OF	D:								
	resulting in death) LAST	1											
IL C	PART II. Other significent conditions	s contributing to	deeth but not r	esuiting i	n the u	nderiying	ceuse g	iven in	Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL	Lung Cor	Cinoma	1 89	luam	041	cet	. )			PERFOI		C	WAILABLE PRIOR TO OMPLETION OF CAUSE
MEI									_				F DEATH?
ä									_				
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF O	EATH (Chi	eck only on	)			
PHYSICIAN:	1 TYES 2 NO	1 5 Inpatient 2			4 🗆 Nu		• 5 □ Re	sidence	6 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b, TIME INJ	E OF URY M		URY AT RK? 'ES 2	] NO	28d. OE\$	CRIBE HOW I	NJURY OCCU	RED	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)					28f. LOCA City o	TION (Street or Town, State)	and Number or	Rural Rou	te Number,	
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the	time, date	and place	and due	to the care	se(s) and ma	nner as stated		
COMPLET	20a. CERTIFIER  (Check only (Check only one)  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.												
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE	NSE NUN	IBER			- 1	lonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH AVE	4.270.77	Onlari						▶ 蘇	7/1	11/93

DHMH-18 Rev 1/89

e.

Problems The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	I the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1.2.3 should	to burial,	anked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The	certificate ha	In the State D	d, or item
NDING PHY	t After this	r death with	is marke
L OR ATTE	DIRECTOR	hours after	item 28
1	NE HUNEAR	fled within 72	PORTANT: II
-	2	2	蓋

	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIEN	IE .	93	2094	ų
	1. DECEDENT'S NAME (First, Middle, Last)  Ronald I. K	hoades				2. DATE OF DEATH	MY 5	YEAR 93	TIME OF DEATH	7
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)		NJ .	
OR	9e. FACILITY NAME (If not institution, give str St. Joseph Hospi				OR LOCATION OF D	EATH	9c. COUNTY OF DEATH Baltimore			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  Maryland  Bal	timore	10c. CIT	Y, TOWN OR LOC		10	Dd. INSIDE CITY LIMITS?  YES 2 ,, NO			
FUNERAL	100. STREET AND NUMBER 9616 Tenth Avenue				arkville/ or.zmp coom 2123	,	10g, CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR C	IN U.S. ARMED 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14 yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				s or No—	14. RACE — American Indian, Black, White, atc. Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		USUAL OCCUPATIVOR done during rise retired.)	TION nost of working	Bethleh			`0	
BE CON	17. FATHER'S NAME (First, Middle, Last) Britton Rhoades				1	AME (First, Middle, Maiden da Mills		001	,,,,,	
2	19e. INFORMANT'S NAME (Type/Print)  Mrs. Constance		9616	Tenth A	venue Ba	Route Number, City or Tow ltimore, M			1234	
	20a. METHOD OF DISPOSITION  1 © Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		netary, crametory of old arkwood	Cemeter	y 7-18-1	993 Ba	cation — c		aryland	
	Lesselw Fun	evel Hom	Ε	Lassa	ahn Funer Belair R	al Home d. Baltimo	re, M	d. 2	21236	
	23. PART I. Entar the diseases, or conshock, or heert feliure. L. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	omplications that cause is at only one cause on a due to one as	d the death. Do neeth line.	Car	ode of dying, aud	ch as cardiec or reap	thy	est,	Approximate interval Betwoonset and De	
ENTINCATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Due To (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									
. MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PRODUCED   1 YES 2 MO   24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?   1 YES 2 NO									
TOICIAIN		HOSPITAL: 1   Inputiant 2   ER/Out		OTHER: 4 Nursing Ho		6 Other (Specify)		1		
10 01	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spe	ME OF JURY M 28c. INJURY AT WORK?  M 1 YES 2 NO  28d. OEŞCRIBE HOW INJURY OCCUREO  28d. OEŞCRIBE HOW INJURY OCCUREO  28d. LOCATION (Street and Number or Rural Route Inches)					Number,		
July Co.	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my know							nd manner as state	d.
2 2	2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)									
1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	)	1	0.	10	/	_

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		REGISTRAR	STATE OF MARYLA	CERTIFIC	ENT OF H	EALTH AND M DEATH	ENTAL HYGIENI REG. NO.	E	
			SEX B. AGE (In	yrs. last birthday) F	UNDER 1 YEAR	E IMPER 14 MRE	2. DATE OF DEATH DATE OF DIRTH	7 7 9	3. TIME OF DEATH  3. TIME OF DEATH  BIRTHPLACE (State or Foreign
3 should	TO BE COMPLETED BY FUNERAL DIRECTOR	216-34-5750 1  9a. FACILITY NAME (if not institution, give stree 1102 Druid Hill	M 2 XF 55	YRS. MO		R LOCATION OF DEAT	July 14,	1938 N	Varyland of DEATH
permit. Pages 1, 2,		PESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  10a. STREET AND NUMBER	AVE. #101	10c. CITY, TO	Baltin DWN OR LOCATI imore			10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
020 physician. burial-transit		1102 Druid Hill  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	AVENUE 2. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	13. WAS DECE If yes, spe	ENDENT OF HISPANIC CUben, Mexican, 2X NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)		A.  RACE — American Indian, Black, White, etc.  Specify: Black
D 21			npleted) College (1-4 or 5+)	Greakind of work life. Do NOT use re	done during mos tired.)	at of working	16b. KIND OF BUS	I INESS/INDUSTI	RY
/LA		17. FATHER'S NAME (First, Middle, Lest) William Scott  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street or	Virdan	E (First, Middle, Meiden Richard ute Number, City or Town		
ay be re page 5		Gregory Richard  20a, METHOD OF DISPOSITION 1 Description 3   Remove	20b. From State	929 Arg	gonne	Drive,	Baltimor	ce, MD	21218 or Town, State
aminer		4 Donettin 5 Other (Specify)		tery, crematory or other ng Memoi	Marsh	all W.	Jones,Jr	Fune	ral HM PA . MD 21229
within 24 in pletely fille cremation, rent, the		23. PAHT I. Enter the diseases, or conshock, or heert failure. Lis IMMEDIATE CAUSE (Finei disease or condition resulting in death)	HASC	ch iine.	enter the mod	de of dying, such	as cardiac or respir	ratory arrest,	Approximate interval Between Onset and Deatl
P.O. BOX 688 tth certificate be execute tending physician and cr al Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
RECORD: requires that the een signed by th of Health and M shows any Inji	: MEDICAL C	PART II. Other significant conditions of ASCVY	contributing to death but  ONTH	SUS TNFAI	160	780	art i. 24a. WAS AN. PERFOR  1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
CIAN: The larger the State Deg the State Deg to Item 2:	PHYSICIAN:		IOSPITAL:   Inpetient 2   ER/Outpet    28s. DATE OF INJURY	tient 3 DOA 4 (	THER:  Nursing Home 28c, INJU	ACE OF DEATH (Check		NJURY OCCURE	0
TTENDING PHYS TOR: After this of after death with	red BY P	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	(Month, Day, Year)  26s. PLACE OF INJURY building, stc. (Specif)	— At home, ferm, stree	M 1 🗆 Y	ES 2 NO	281. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
AL OR LE DIRI	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL CAMINER: 0							use(a) and manner as stated.
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: 1	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30 NAME AND ADDRESS OF PERSON WHO O	OMPLETEO CAUSE OF DEAL	Levy TH (ITEM 27) (Type, Prin	10)	29c. LICENSE NUMB	) 85	29d. DATE SIG	SNED (Month, Day, Year)
	15	DAVID SE 31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNAT	1 100	*	Broke	DLUAY.	BAC	Jomn



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	IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 should	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF H	IEALTH AND I	MENTAL HYGIEN		4			
	1. DECEDENT'S NAME (First, Middle, Last) LILLIE BLANCHE RICHARDSON  LILLIE B. Richardson  2. DATE OF DEATH MONTH ON 13 93										
	4. SOCIAL SECURITY NUMBER 212-03-1032	1 M 2 X F 9	(In yrs. lest birthdey) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH JULY 28,18	895	BIRTHPLACE (State or Foreign Country) Maryland			
OR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF GEATH  9c. COUNTY OF GEATH  Sinai Hospital  Baltimore										
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Maryland	Y	10c. CI	ry, rown on Locat				10d, INSIDE CITY LIMITS?			
FUNERAL (	10a STREET AND NUMBER 5603 Enderly	, Road			21212			1 X YES 2 NO			
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	N U.S. ARMEO 2 X NO ATES	II yes, sp	ENOENT OF HISPAN	n, Puarto Rican, atc.)	ORIGIN7 (Specify Yea or No— 14. RACE — Americ Black, White, all Specify: White					
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		16a. OECEOENT'S (Give kind of life. Do NOT u OWNE'	USUAL OCCUPATION work done during mose retired.)	ON st of working	Lillian					
	17. FATHER'S NAME (First, Middle, Last)  August Frede	·									
TO BE	19a. INFORMANT'S NAME (Type/Print)	rick Sorg				loute Number, City or Tow		ode)			
	Margaret Bailey  5603 Enderly Road, Baltimore, Md. 21212  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. Method Of Disposition										
NOI	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, ehock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,										
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  CAUSE (Disease or Injury that initiated events out the initiated events out that initiated events out the initiated events out that initiated events out that initiated events out that initiated events out that initiated events out that initiated events out that initiated events out the initiated events out that initiated events out the i										
N: MEDICAL C	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (Cho						
PHYSI	27. MANNER OF OEATH	1 Inpatient 2 ER/Outp  28s. OATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c. INJ	e 5 Rasidence ( URY AT RK?	28d. OESCRIBE HOW I	NJURY OCCUR	REO			
ED BY	2 Accident Investigation 3 Subcide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, larm,		ES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		CIAN: To the best of my know						ause(a) and manner as stated.			
TO BE C	2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29c. LIGENSE NUMBER  29d. DATE SIGNEO (Month, Dey, Year)  3, 1993  36. IMME A D AOORESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)										
Ū,	31. DATE FILEO (Month, Day, Year)	on 9335 U	UNEEV	ight Dr	#202,	Dwings	Mills	MDAIN			
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		FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF					MENTAL		_		200
		1. DECEDENT'S NAME (First, Middle, Last) HARRY ROS	EN	0	LRIN	ICATI	<u> </u>	DEA	ın	2. DATE O	REG. NO.		YEAR 93	3. TIME OF DEATH 4:15 PM
		4. SOCIAL SECURITY NUMBER 094 14 3719	5. SEX X  M 2  F	6. AGE (In yrs. les 91	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	Mm.	May	F BIRTH Day, Year) 7 2 , ]	.902	8. BIRTHPI Country)	LACE (State or Foreign
GOE	ELED BY FUNERAL DIRE	9e. FACILITY NAME (If not institution, give street end number)  Hebrew Home of Greater Washington Rockville  Mont								THE PARTY	omery			
DIRE		Maryland Mon	7	10c CTY, TOWN OR LOCATION ROCKVille						*	0d. INSIDE CITY  LIMITS?  LYES 2 NO			
INFRA		104 STREET AND NUMBER 6121 Montrose	Rd.	T EVER IN U.S. AF	IMED.	13			0852		Manager Was	Un	ited	States
2		1 Mever Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES									or No—	or No— 14. RACE — American Indian, Black, White, etc. Specify: Caucasian		
		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2		) (G	CEDENT'S We kind of a Do NOT us	work done se retired.)	during mo	st of working			IND OF BUS			
at once.	ni.	17. FATHER'S NAME (First, Middle, Lest) Phillip Rosen		1 5		a u L d	1116	18. MOT	HER'S NA	ME (First, Mic			Busi	iness
TO BE COM		100 INCOMANTS NAME (Total)												
examiner must		20s. METHOD OF DISPOSITION  1 🗵 Muriel 2 Cremation 3 Remote  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIQ	4	cemetery, cre Ceda	matory or o	ther place)	Cem			7-13			City or Town	n,sum New Jerse
cai examir	4	· glapu	5	and the de	-11 0-	I	ves Fa	-Pea	erso Chu	n Fu	Va.	220	146	
or other traumatic event, the medical	IMMEDIATE CAUSE (Final Onset a									Approximate interval Between Onset and Death Studden				
umatic eve	DUE TO (OR AS A CONSEQUENCE OF):									chronin				
ry, or other traumatic		cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):												
shows any injury, : MEDICAL CE	:	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  STROKE ATRIAL FIBRALLATION  24b. WAS AN AUTOPSY FIRMAL PRIOR COMPLETION OF DEATH?							/ERE AUTOPSY FINDINGS MARABLE PRIOR TO OMPLETION DF CAUSE OF DEATH?  YES 2 NO					
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТИЕ		ACE OF D	EATH (Che	eck only one)				
PHY		1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, De	INJURY	28b. TIM	4 W Nur	28c. INJ WO	URY AT		6 Other (	Specify)	JURY OC	CURED	
ETED BY		2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE Of building,	FINJURY — At ho inc. (Specify)	ome, ferm, s	street, 1sct		res 2	NO	28f. LOCAT City or	ION (Street e Town, State)	nd Number	r or Rural Rou	ite Number,
ANT: If Item COMPLE		20a. CERTIFIER (Check only one) 1  CERTIFYING PHYSIC  CERTIFYING PHYSI												and manner as stated.
MPORTANT: If Item O BE COMPLE	- 18	296 SIGNATURE AND TITLE OF CERTIFIER	adara	MA.	un				NSE NUM		·		T - / X	
		AUINS MAD	ARANG	E OF DEATH (ITE	M 21) (Type	Print)	OUT	ROSE	RI	D, R	OCKV	ILLE	MO	20852
		JUL 17 1993 fu	32. REGISTRA	Signature										

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	_	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
		1. DECEOENT'S NAME (First, Middle, Last) $AUROR$	A RAN	DALL		2. DATE OF DEATH MONTH DAY	1993 3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 111 - 03 - 34 72	5. SEX 6. AGE	(In yrs. last birthday) IF I	MDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country)
, 3 should	OR	9e. FACILITY NAME (If not institution, give	SPITAL	9b.	BALTIMORE		COUNTY OF DEATH
permit. Pages 1, 2, 3 should	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	BRONX	10c. CITY, TO	WN OR LOCATION	,	10d. INSIDE CITY LIMITS?
	ERAL D	10e. STREET AND NUMBER	ANDT PAK	V SOUTH	10t. ZIP CODE	100	1 STES 2 NO
OUZO ng physician. ne burial-transit	FUN	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	If yes, specify Cuban, Maxie		io— 14. RACE — American Indian, Black, White, etc.
ending as the	ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDU	IF YES, GIVE WAR OR D	16a. DECEDENT'S USU	1 TYES 2 NO Spec	16b. KIND OF BUSINES	Specify: WHITE
2 9 2	COMPLET	(Specify only highest grade	College (1-4 or 5+)	(Give kind of work of life, Do NOT use ret	tone during most of working red.)  CLERK		L MARITIME UNIO
by the hospital be detached for at once.	111	17. FATHER'S NAME (First, Middle, Last)  NICHOLAS	MELE		16. MOTHER'S N	NAME (First, Middle, Meiden Sume	
retained 5 should		19a. INFORMANT'S NAME (Type/Print) EDWIN WAYNE	RANDALL			of Route Number, City or Town, Sta	ite, Zip Code)  K NY 10462
Page 6 may be Il director, page		20e. METHOD OF DISPOSITION 1 General Buriel 2 Cremation 3 General Benefit Buriel Buriel Specify	noval from State Dow Sen	. PLACE AND DATE OF DI	SPOSITION (Name of lece) COLLEGE OF COLLEGE	E OATE 20c. LOCATIO	ON City or Town, State  SYORK N=4
= =		21. SIGNATURE OF FUNERAL SERVICE LI	CERSEE CLEROL .	1.5	22. NAME AND ADDRESS OF F	7110 Belai Baltimore	l Funeral Home
ted within 24 hours after death. completely filled in by the funer. fal, cremation, or removal. sevent, the medical exami		23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that coused List only one couse on e	d the deeth. Do not elech line.	In faction of Joseph Line Line Line Line Line Line Line Line	ich es cardlec or respirator	ry arrest, Approximata interval Betwee Onset and Deat
ficate be executed physician and comme prior to burial, her traumatic ex	ERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):	en disa		
he death cert the attending Mental Hygie	CERT	resulting in death) LAST	d				
ATTENDING PHYSICIAN: The law requires that the des ECTOR: After this certificate has been signed by the at s after death with the State Dept. of Health and Menti.	MEDIC	PART II. Other significent condition	ns contributing to death b	out not resulting in th	e underlying cause given i	Part I. 24a. WAS AN AUTO PERFORMED  1 ☐ YES 2 ☐ 1	? AMAILABLE PRIOR TO
N: The law ficate has the State Dept state 23	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF OEATH (C	Check only one)	
NG PHYSICIAN: The this certificate eath with the State marked, or Item	<u>≚</u>	1  YES 2 NO  27. MANNER OP DEATH  1  Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify)  26d. DESCRIBE HOW INJUR	Y OCCUREO
OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	8	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, street		261. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,
TAL OR VAL DIRE	COMPLET					ue to the cause(a) and menner a the time, data and place, and due	ns stated. In to the cause(a) and manner as stated.
TO THE HOSPI' TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIE		) MEDICA DAREZ	29c, LICENSE N		1. DATE SIGNEO (Month, Day, Year)
	2	30. NAME AND AGORESS OF PERSON WE	S. RORL	ATH (ITEM 27) (Type, Print			
	6	31. DATE FILED (MORTH, Day, Year)  JUL 17 1993	32. REGISTRAR'S SIGN	ATURE			



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FOR 1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTI	FICALE	OF DEATH	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last) RAYMOND	1. DECEDENT'S NAME (First, Middle, Last)  RAYMOND LESLIE		ARDSO	1	2. DATE OF OEATH MONTH D	MONTH DAY YEAR		
4. SOCIAL SECURITY NUMBER 217 - 09 - 2330		AGE (In yrs. lest birthda) 81 YRS.	MONTHS I	YEAR IF UNDER 24 HRS. MAYS HOURS MIN.	7. DATE OF BIRTH	0.9	12:55 P BIRTHPLACE (Stone or Foreign	
96. FACILITY NAME (If not institution, give 1214 N. DECKE	01	96. CITY, TOWN OR LOCATION OF GEATH BALTIMORE			sc. county of DEATH Baltimore			
10s. STATE 10b. COUNT	ios ori, form on sourion						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER				101. ZWP CODE 21213			EN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U FORCES? 1 V YES IF YES CIVE WIRD OR DATE			S DECENOENT OF HISP	PANIC ORIGIN? (Specify Yes or No—		14. RACE — American Indian, Black, White, atc. Specify: Black	
15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  T G D D C D D D  College (1-4 or 5+)		(Give kind o	(Give kind of work done during most of working life. Do NOT use retired.)			F BUSINESS/INDUSTRY  2 ttlaman		
17. FATHER'S NAME (First, Middle, Lest) UNKNOWN			16. MOTHER'S NAME (First, Middle, Melden Surname) UNKNOWN					
19e. INFORMANT'S NAME (Type/Print)				Street and Number or Rura	I Route Number, City or Tow NORWOOD,	vn, State, Zip Coo	28128	
VALFRIF KNIGHT  20e. METHOD OF DISPOSITION  1/8/Pauriel 2 Cremetion 3 Ren  4 Donation 5 Other (Specify)	20b. PLACE AND DAT	E OF DISPOSITI	ON (Name of	OATE 20c. LC	CATION — City	or Town, State		
21. SIGNATURE OF EUNERAL SERVICE LI	MARKET SO	March F/H Home 1101 E. North						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events over the control of the co							
	ART II. Other significant conditions contributing to death but not resulting in the			rlying cause given i	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
	1 YES 2 NO OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  IV YES 2 NO  NO NO NECESTRAL: I inpatient 2 ER/Outpetient 3 DOA I Nursing Home 5 Residence 6 Other (Specify)								
27. MANNER OF DEATH  Netural 5 Pending Investigation	URY 26b. T	28b. TIME OF   28c. INJURY AT   28d.   INJURY AT   WORK?   1		28d. DESCRIBE HOW INJURY OCCURED				
3 Sutcide 6 Could not be 4 Homicide determined	IJURY — At home, farm (Specify)				t. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
					es to the cause(e) end me		ouse(s) end menner ee stated.	
296. SIGNATURE AND TITLE OF GENTPHIN				O . C . N	JMBER	29d. DATE SIGNED (Month, Day, Year)  ▶ 07 - 12 - 1993		
WARIO # GOL	to JR	MD 111 1		Street, E	Baltimore	, Mary	yland 2120	
31. DATE FILEO (Month) Day, Year)	32 REGISTRAR'S	SIGNATURE						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THYSICIAN: The law requires that the death certificate be executed with

the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

arked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician.

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physici	filled in by the funeral director, page 5 should be detached for use as the burial-into or removal	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tube filed within 72 hours after death with the State Deut, of Health and Mental Horiene prior to burial, cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest)				DEMIN	2. DATE OF DEATH		3. TIME OF OEATN
	Robert		Randal1			July 15	1993 YEAR	7:45pm w
	4. SOCIAL SECURITY NUMBER S.	SEX, 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		TNPLACE (State or Foreign
ì	220-12-1488 1	M 2 🗆 F 78	8 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-24-	Cour	Md.
Œ	Maryland Gene				R LOCATION OF D		9c. COUNTY OF	DEATN
DIRECTOR	RESIDENCE OF DECEDENT	rai Hospita.	1	Bal	timore C	ity		
<u>ы</u> ,	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS							
5	Md.			- 1 + 4 ma				LIMITS?
A	10a. STREET AND NUMBER	<del></del>		altimo	ZIP CODE		10g, CITIZEN OF	WHAT COUNTRY?
ER	512 W. Franklin	Stroot			2121	7		
FUNERAL	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC		VIC ORIGIN? (Specify Y	s or No 14, RA	ISA CE — American Indian
DB	m 1/2 Widowed 4 Divorced White							White
1S. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
쁘	Elementary/Secondary (0-12) Co	college (1-4 or 5+)	life. Do NOT use	retired.)		1		
COMPLETE	1 2 17. FATNER'S NAME (First, Middle, Last)			Unl				
	17. PAINER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)	
H	19a. INFORMANT'S NAME (Type/Print)		INK		UNK.			
2	198. INFORMANT'S NAME (Type/Print)		196. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Code)	
	LIZZIC Liton	P. 1	861	Park		altimore		
	1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)		LACE AND DATE OF Bry, crematory or other	r place)	me of		OCATION — City or 1	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	IM+	.Calvar		D ADDRESS OF FA	Ann	Anrund	lel,Md.
	· A11.0					38N. Gil	mor St	21217
$\dashv$	00 10 10 10 10 10 10 10 10 10 10 10 10 1			Alber	t. P. Wv	lie-Mort	ician	21211
- 1	23. ART I. Entar the diseases, or companies abook, or heart failure List	only one cause on eac	ha daath. Do no h iine.	entar the mo	da of dying, auc	h aa cardiac or rea	piratory arrast,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
- 1	resulting in death) a	Bilateral P	neumonia					
-		(						i
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):					<u> </u>
₹	CAUSE (Disease or Injury							
<u> </u>	that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):					
CER	resulting in death) LAST							
AL C	PART ii. Other algnificant conditions co	ontributing to death but	not resulting in	the underlying	cause given in	Part I. 24a, WAS A	N AITTOREY 24	b. WERE AUTOPSY FINDINGS
	Acute excerbation				ou doc given in	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	_ Chronic obstruct					1 □ YES	<b>¾</b> XNO	OF DEATH?
	CHIONIC ODSCIACE	TAE DITIIONS	ry disea	.se		<del></del>		1 YES 2 NO
PHYSICIAN:		disease		28. PL	ACE OF DEATH (Ch	ack only one)		
20		OSPITAL: Inpetient 2 ER/Outpetie		THER:		8 Other (Specify)		
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ	IRY AT	28d. DESCRIBE HOW	INJURY OCCURED	
À I	1 Natural S Pending 2 Accident Investigation	(World, Day, 10al)	INJUR		ES 2 NO			
- 4	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number, building, etc. (Specify)						Route Number,	
#	4 Nomicide determined					ony or rown, state	,	
2	29a. CERTIFIER (Check only	: To the best of my knowled	ge, death occurred	et the time, date	and place, and due	to the cause(a) and ma	inner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On							a) and manner as stated.
	296. SIGNATURE AND TITLE OF CONTINUES 29d. DATE SIGNED (Month, Day, Year)							
1 1	Dr lakes	D la ladie i M. A						7/15/93
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Pr	int)	11	.,		113/33
	Khosrow Tabassi,	M.D.	c/	o Maryl	and Gene	ral Hospi	tal	
	31, DATE FILED (Month, Day, Year) 191993	32. REGISTRAR'S SHONATU	UREDO					***************************************
/ 10	11 19 1993 7	TO DOWN OVER - NOTE	A COLOR					

ITEMS: 23 PART I, II, 27, PER MEO FILM G-704 10/8/93 t.t

93 20951.

			CERTIFICA	TE OF DEATH		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, La EDWIN	D .		ROLLINS	2. DATE OF		943 8:45
	4. SOCIAL SECURITY NUMBER 220-64-696	3 15 M 2 D F	36 YRS. MONTH				BIRTHPLACE (State or Fo
CTOR	99. FACILITY NAME (If not institution, git UNION MEMOR.) RESIDENCE OF DECEDENT	IAL HOSPITAL		SALTIMORE C		9c. COUNT	Y OF DEATH
DIREC	100. STATE 100. COU		10	y OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2
VERAL	2516 Ha	flotd Ro	d.	101. ZIP CODE 2/2/	8	10g. CITIZE	SA P
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Ric		4. RACE — American India Black, White, etc. Specify:
PLETED	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed) College (1-8 or 8 +)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. K	IND OF BUSINESS/INDU	STRY
E COMPL	Edward R	o llins	UNE	18. MOTHER'S N.	AME (First, Mid	die, Maiden Surneme)	988
TO B	19a. INFORMANT'S NAME (Type/Print)	Sames	19b. MAILING ADDR	ESS (Street and Number or Rural	Route Number,		Code)
H	20e. METHOD OF DISPOSITION 1 12 Burlet 2 Cremetion 3 R 4 Donetion 5 Other (Specify)		PLACE AND DATE OF DISI		DATE 1	20c. LOCATION — CI	ly or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	DI I I LON		22. NAME AND ADDRESS OF F	MILITY	les F 4	1639 N
		re. Liet only one ceuse on ee	ch line.				
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause Enter LINDERLYING	ъ	CARRING CONSEQUENCE OF): CONSEQUENCE OF):				Interval Be Onset and
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions,	b	CONSEQUENCE OF):				100000000000000000000000000000000000000
AL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A C. DUE TO (OR AS A C. DUE TO (OR AS A C. d. d.	CONSEQUENCE OF):  CONSEQUENCE OF):	underlying cause given in		4a. WAS AN AUTOPSY PERFORMED?	100000000000000000000000000000000000000
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A C. DUE TO (OR AS	CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the	28. PLACE OF OEATH (C		PERFORMED?	24b. WERE AUTOPSY FI AMR. ABLE PRIOR COMPLETION OF CO
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A C. DUE TO (OR AS	CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the	28. PLACE OF OEATH (C	heck only one)	PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FI AMR. ABLE PRIOR COMPLETION OF CO
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit CHRONIC ETHANOL A  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 KES 2 NO  27. MANNER OF DEATH  1 Noturel	DUE TO (OR AS A C.  DUE TO (OR AS A C.  DUE TO (OR AS A C.  DUE TO (OR AS A C.  d.  DUE TO (OR AS A C.  DU	CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the	26. PLACE OF OEATH (C. IER:  **Uursing Home 5 □ Residence**  **26. INJURY AT WORK?**	heck only one)  8  Other (5	PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FI AWAR ABLE PRIOR COMPLETION OF C OF DEATH?
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit  CHRONIC ETHANOL A  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XES 2 NO  27. MANNER OF DEATH  1 Netural	DUE TO (OR AS A C.  DUE TO (OR AS A C.  DUE TO (OR AS A C.  DUE TO (OR AS A C.  d.  Litona contributing to death but and a contributing to death but a contributing to death but a contributing to death but a contributing to death but a contribution a contribution and a contributi	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the  tient 3 □ DOA	26. PLACE OF GEATH (C IER): Vursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	heck only one)  8  Other (\$ 28d. OESCF	PERFORMED?  YES 2 NO  Specify)	24b. WERE AUTOPSY FI AMRLABLE PRIOR COMPLETION OF COF DEATH? 1 YES 2 1
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit CHRONIC ETHANOL A  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1   YES 2   NO  27. MANNER OF DEATH  1   Natural Investigated S   Could not determined  29e. CERTIFIER (Check only)   CERTIFYING PM	DUE TO (OR AS A C.  DUE TO (OR AS A C.  DUE TO (OR AS A C.  DUE TO (OR AS A C.  d.  Litona contributing to death but and a contributing to death but a contributing to death but a contributing to death but a contributing to death but a contribution a contribution and a contributi	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the  28b. Time OF INJURY M  At home, farm, street, y)	26. PLACE OF OEATH (C DER: Nursing Home 5  Residence 26c. INJURY AT WORK? 1  YES 2  NO factory, office	8 Other (S 28d. OESCF 28f. LOCATI City or	PERFORMED?  YES 2 NO  Specify)  ON (Street and Number of Jown, State)	24b, WERE AUTOPSY FI AMARABLE PRIOR COMPLETION OF CO OF DEATH? 15 VES 2 1
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condit CHRONIC ETHANOL A  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1   YES 2   NO  27. MANNER OF DEATH  1   Natural Investigated S   Could not determined  29e. CERTIFIER (Check only)   CERTIFYING PM	DUE TO (OR AS A C.  DUE TO (OR AS A C.  DUE TO (OR AS A C.  DUE TO (OR AS A C.  d.  DUE TO (OR AS A C.  d.  DUE TO (OR AS A C.	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in the distribution of the distribu	26. PLACE OF OEATH (C DER: Nursing Home 5  Residence 26c. INJURY AT WORK? 1  YES 2  NO factory, office	8 Other (S 28d. OESCF  28f. LOCATI City or e to the ceuse e time, date en	PERFORMED?  YES 2 NO  Specify)  RIBE HOW INJURY OCCU  ION (Street end Number of Town, State)  (e) end menner ee stated of place, and due to the 29d. DATE:	24b, WERE AUTOPSY FI AMARABLE PRIOR COMPLETION OF CO OF DEATH? 15 VES 2 1

DIVISION

TO THE HOSPITAL OF TO THE FUNERAL DE filed within 72 ho

31. DATE FILED (Month, Day, Year)

9 1993

32. REGISTRAR'S SIGNATURE la Savidson-Randelle

76 notified pe must examiner medical the event, traumatic or other In ury, been signed by pt. of Health and shows any lo Dept. the State De or Hem 2 DIRECTOR: After this cert hours after death with the Item 28 is marked, o

93 20952 Item 28a thru 28F, Film#701 7/20/93 Per Mad 27.
state OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH **JAMES** MILTON ROYAL, JR. 1993 17 9:56 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
DEC. 22, 1963 231 17 4518 1X M 2 | F 29 MONTHS DAYS HOURS VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR BREWERTON CHANNEL PATAPSCO RIVER ANNE ARUNDEL 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALT IMORE 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 X NO 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3400 MERLE DRIVE 21207 U.S. OF A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married ΒY 1 TES 2 NO Specify: Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th PIPE FITTER CITY PUBLIC WORKS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES MILTON ROYAL, SR. ORA JOHNSON BOOKER BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS. ORA ROYAL BOOKER 3151 MILITARY ROAD AMELIA, VIRGINIA 23002 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of /21/93) OATE 20c. LOCATION — City or Town, State Buriel 2 Cremation 3 Removal from State BRANCHES "RUNN BAPT. CHURCH CEM. 4 Donation 5 Other (Specify) AMELIA, VA. AMELIA CO LEWIS T. GWYNN AME AND ADORESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 21. SIGNATURE OF PUMERAL SERVICE LICENSEE 4517 PARK HEIGHTS AVE. BALTIMORE, MARYLAND 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition DROWWOOD

DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO DE OFATH? X X YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: YES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence XXOther (Specify) BREWERTON CHANNEL 27. MANNER OF DEATH 286. TIME OF INJURY 28e. DATE OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending 1 YES 2 NO BY Investigation Fell Off Boat 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide Water Channel 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Many nu 1993 OCME 18 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 15MB SNIM

PROL 111 Penn Street, Baltimore, Maryland

REG. NO

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SERVANCE YEAR 2-15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig 38-182 1 X M 2 - F be detached for use as the burial-transit permit. Pages 1, 2, 3 should e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH COMPLETED BY FUNERAL DIRECTOR UMM RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 19c. CITY, TOWN OR LOCATION 104. INSIDE CITY LIMITS? MO altimone My VES 2 HO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Green 12. WAS DECEDENT IVER IN U.S. ANNED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 2121 S HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Suban, Mexican, Puerto Rican, atc.) 1 VES 2 NO Specify: 11. MARITAL STATUS 14: RACE — American Indian, Black, White, etc. 1 Never Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Posta ler 17. FATHER'S NAME (First, Middle, Last) 14 MOTHER'S NAME (First, Middle oses ervance notified at BE page 5 should MAILING ADDRESS (Street and Nu 2 Q 8 ervance 0 must be METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (N luriel 2 Cremetion 3 Removal from State funeral director, 484 1/19/92 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE West After this certificate has been signed by the attending physician and completely filled in by the i death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ba 23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Fine) **Onset end Deeth** Erebellar resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) (oagulopath BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Diseese or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? IMPORTANT: If item 28 is marked, or item 23 shows any 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 100 Inpatient 2 - ER/Outpetient 3 - DOA 5 - Reeldence 8 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending -149 1 YES Chause 28e. PLACE OF INJURY — building, etc. (Specify) / TO THE HOSPITAL OR ATTENOIN TO THE FUNERAL DIRECTOR: At the filed within 72 hours after de 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) BE COMPLETED 8 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Kesidon 193 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lmm 31. DATE FILED (Month, Day, Year) 32. AMISTRAR'S A

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ™1993 JULY 16, SHANIK SHEHU 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 216-37-1724 67 1 M 2 X F YRS 03/28/1926 use as the burial-transit permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE MD FUNERAL 10e. STREET AND NUMBER 10I. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 120 S. WOLFE STREET 21231 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comple 10 Elementary/Secondary (0-12) College (1-4 or 5+) 8 YEARS HOMEMAKER AT HOME page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) SHEFOET MUSTAFARAU notified at XHIJO BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 MRS. MARY HALE 412 HAWTHORN RD BALTO MD 21210 9 20g, METHOD OF DISPOSITION
1 Q Burial 2 Cremailon 3 Re
4 Donailon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State ST. ANDREWS HURCH CEMETERY 7/17/93 BALTO. MD must director, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral DIPPEL FUNERAL HOME marlon 7110 BELAIR ROAD BALTIMORE, MARYLAND 21206 the completely filled in by the hal, cremation, or removal. medicai 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, ahock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition within 2 death event, 1 blain resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed prior to burial, traumatic DUE TO (OR AS A CONSEQUENCE OF): anoxic CERTIFICATION and Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hyglene prior to certificate be CAUSE (Disease or injury that initiated events other OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? that апу Atrial fi brill ation 1 - YES 2 NO Shows HTN PHYSICIAN: AW. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) DR ATTENDING PHYSICIAN: The Item HOSPITAL:
1. Unpatient 2 ER/Oulpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Homa 5 Residence 6 Other (Specify) 6 27. MANNER OF OEATH marked, 28e. DATE OF INJURY (Month, Day, Yesr) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO After 1 2 Accident 3 Suicide 28e. PLACE OF INJURY — Al home, farm, streel, fectory, office building, atc. (Specify) THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: Af filed within 72 hours after de 28 is 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide Hem 29a. CERTIFIER

\*\*Control of the cause (e) and manner se stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner ee stated.

MD

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Johns

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

29c. LICENSE NUMBER

Hospita

HODKINS



223

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

1 heresa

ichel

Michele

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

93 20954

YEAR

U.S.A

WHITE

3. TIME OF DEATH

PM

10:53

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 | NO

Approximate

120

720

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

7/16/93

MO

Baltimore

Intarval Between

**Onset and Death** 

8. BIRTHPLACE (State or Foreign

ALBANIA

REG. NO.

OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THEIGHA: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Debt. of Health and Mental Hydiene prior to burial, cemation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDED BY SICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR Common confined to be been signed by the attending physician and completely filled in by the fi be filed within 72 hours attended to State Dept. of Health and Mental Hydiene prior to burfal, cremation, or removal.	

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DE	ATN/
ŀ	CHARLES	SMOLAR				07 0		93 :	3:45	PM
	4. SOCIAL SECURITY NUMBER		C/ MC	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		Country)	CE (State or	
	080-10-2038	1 M 2 F	O YRS.		mun.	Dec. 23	,1906	Massa	chuse	etts
O.B.	90. FACILITY NAME (If not institution, give si HOLY CROSS H	OSPITAL	9	SIWE	R LOCATION OF DE	ING	9c. COUNT	TAN	MFR	1/
[ 등	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		I to OTTY T	TOWN OR LOCATI	3173	4	1/-(0)	100	TIL TO	
DIRECTOR	MD MON	TBOMERY	SIL	VER	SPRIN	G			I. INSIDE CI LIMITS? YES 2	
FUNERAL	8715 FIRST	AVE 3	)IC-	107.	ZIP CODE		10g. CITIZE		COUNTRY	?
25	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye		4. RACE —	American In	dlan,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FDRCES? 1 TYES IF YES, GIVE WAR OR DAT		If yes, spe		, Puerto Rican, etc.)		Black, WI Specify:	hite, elc.	1.
									white	(64)
ш	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during mos		16b. KIND OF BU	SINESS/INDUS	STRY		
once.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sale			Mons	Clothi	ina		
S S	17. FATHER'S NAME (First, Middle, Lest)		0,000	I	18. MOTNER'S NAM	AE (First, Middle, Maider		uig		
BE C	Samuel Smo	alan			Fann					
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street or		oute Number, City or Tov	-	(ode)		
2 5	Fae Smolar		8715 1	st Ave.	Silve	spring. N	ld. 209	910		
<u>a</u>	20g METNOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remo	20b. I	PLACE AND DATE OF D	DISPOSITION (Nan	ne of 7./1	1 / 9/5E 20c. LC	CATION — CIT	ty or Town,	State	
Ē	4 Donation 5 Other (Specify)	Kin	PLACE AND DATE OF E	Nemoria	l Garden	Fal	els Chu	urch,	Va.	
examiner must be notified at once.  TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Stein T	ADDRESS OF FAC	Emorial Fi	ineral	Home	.Inc.	
	Conald.	XIIsta	insur	≥32 Ca	rroll St	reet, N.W.	Wash	ingto	n, D.	C.
medical	23. PART I. Enter the disesses, or c	omplications that caused	the due. Do not	enter tha mod	le of dying, auch	as cardiac or resp	Iratory arres	st,	Approxi	
the m	IMMEDIATE CAUSE (Final	A .	Cri nne.							Between nd Death
<del>1</del> ,	disease or condition reaulting in death)	DUE TO (DR AS A	la ortic	anevous	im, ru	otured		ļ	36	6
or other traumatic event, ERTIFICATION		. /							,	
o di	Sequentially list conditions,	DUE TO (OR AS A	cortic c	ineurys	~				141	•
A I	if sny, leading to immediate csuse. Enter UNDERLYING	DOE TO (OR AS A T	CONSCOUENCE OF):	•					,	
	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	CONSEDUENCE OF):					<del>i</del>		
ry, or other traumatic	resulting in death) LAST	4.						- !		
₹ 0	PART II Other significant conditions	a contribution to death by								
	PART II. Other significant conditions	s contributing to death bu	t not resulting in t	he underlying	cause given in F	Part I. 24a. WAS AN PERFO	AUTOPSY RMED?	AMA	RE AUTOPSY ILABLE PRIO	OT R
MEDIC						1 YES :	NO		MPLETION OF DEATH?	CAUSE
shows any : MEDIC						_		1 [	YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 Pt 4	CE DF DEATN (Che	ok ophi opal				
S E	EXAMINER?	HOSPITAL:		THER:						
H H	27. MANNER OF DEATN	26a. DATE OF INJURY	28b. TIME O	F 28c, INJU		28d. DESCRIBE NOW	NJURY OCCUI	RED		
BY B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		ES 2 ND					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, stree	et, factory, office		26f. LOCATION (Street		Rural Route	Number,	
Item VIII	4 Nomicide determined		,,,			City or Town, State;				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurred a	t the time, date o	and place, and due t	o the ceuse(s) end ma	nner ee stated.			
- N	one) 2 MEDICAL EXAMINER	R: On the basis of examination	end/or investigation, is	n my opinion, de	ath occured at the t	ime, date end place, er	nd due to the c	cause(s) enc	manner ss	stated.
	296. SUSTATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMI		29d. DATE S			
J BE	Mideel hand	166			12925	3	D 7/	9/9	7	
<u>₹</u> 0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prin	nt)		^		// /		
	Michael M. Lines	17 M.D 103	313 Georg	- Are	Silver	Spring	MD.	209	02	
	31 JUL 1 1993 4	32. FEGISTRAR'S STONAT								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR		waren market market								_	3	2073	0
	1 - STATE REGISTRAR	STATE OF I		DEPAF ERTIF						HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		WE 4 D	3. TIME OF DEA	тн
	ATTA Jean	nette			OWMA	_			07	17	7	93	1:31	A M
	218-26-8573	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF (Month, D			8. BIRTH Count	HPLACE (State or F	oreign
	9a. FACILITY NAME (If not institution, give si		0.3	ina.	9b. CITY	TOWN C	OR LOCAT	ION OF DE	Feb.	3,19		MTY OF D	aryland	1
S.	GOOD SAMARITAN		T'AT.		- 60		MOR		24111		sc. 000	NIT OF L	ZEATH	
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		TAIL	100 CIT	Y, TOWN O									
DIRECTOR	Md.							<b>.</b>					10d. INSIDE CIT LIMITS? 1 YES 2	
	10e. STREET AND NUMBER				ltim	_	ZIP COD				t0g. CIT	ZEN OF	WHAT COUNTRY?	NO
FUNERAL	1658 E. Belvede						212	39			U	.s. <i>A</i>	Α.	
FU	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED					IIC ORIGIN? (		or No-	14. RACI	E - American Indi	len,
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR OATES					Specify		,			White	
G	15. DECEDENT'S EDUC (Specify only highest grade			DECEDENT'S (Give kind of t					16b. KI	ND OF BUS	SINESS/INC	USTRY		
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	se retired.)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		T	ri S	tar	Man								
	Rollin Rogers	Sr.					l		ME (First, Mick Deeme		Surname)			
) BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS	(Street a			Route Number,		n, State, Zip	Code)	-	
5	Doris Duffield			8614	Gol	enw	ood	Rd.	Bal	timo	re,	Md.	21237	,
	20s METHOD OF DISPOSITION  1 Buriel 2 Cremetton 3 Remo	oval from Stata	20b. PLAC cemetery	EANDDATE	of DISPOS	ITION (Na	me of		OATE		CATION -			
	4 Donation 6 Other (Specify)	ENSEE	100	uran				SS OF FA	7/22	Гва	ltir	nore		
	► ( pf + 1		0///	1-	C	onn	ell	y FL	ınera	l Ho	me o	of D	Dundalk	
	23. PART I. Enter the diseases, or o	complications that	t caused the	death. Do r	ot enter	110	So de of dv	ller	s Pt	. Rd	. Dt	unda eet	Approxim	
	shock, or heert failure. I	List only one cau	ise on eech lii	ne.	0								Interval B	etween
	disease or condition resulting in death)	arte	ischer	tiel	ende	OL/S	Call	~ 0	isen					
		OUE TO	(OR AS A CONS	EOUENCE O	F):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE OF	F):									
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury			_										
	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONS	EOUENCE OF	F):									
빙		1												
AL	PART II. Other significent conditions	contributing to	death but not	reaulting i	In the un	derlying	cause :	given in	Part I. 24	a. WAS AN		24b	WERE AUTOPSY F	TO
ED	Course Organ	mohne	There o	nony	100	la	0		_   1	TYES 2	NO		OF DEATH?	CAUSE
Σ.			·						-   ,	nottle	tim		1   YES 2	NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Che	eck only one)	1	- (			
YSIC	IXXYES 2 □ NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Nurs		6 5 🗆 R	sidenca	6 Other (S	pecify)				
	27. MANNER OF DEATH  Natural 5 Pending	26a. DATE OF (Month, D		28b. TIM	E OF URY	26c. INJI WO	URY AT		26d. DESCR	IBE HOW IN	UNITY OCC	URED		
B	2 Accident Investigation	28e PLACE O	F INJURY — At I	home ferm o	M I		ES 2	NO		201				
	3 Suicide S Could not be 4 Homicide determined	building,	atc. (Specify)	nome, tarm, s	RIBBI, IBCIO	жу, опісі	1		City or 1	ON (Street a. own, State)	nd Number	or Rural F	Route Number,	- 1
P.E.	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC	CIAN: To the best of	my knowledge,	death occurre	ed at the tir	me, data	and place	and dua	to the cause	a) and men	per se elet	nd .		
COMPLETED	one) 2 MEDICAL EXAMINES												i) and manner as s	tated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	15	55				29c. LICI	ENSE NUM	IBER		29d. DAT	ESIGNEO	(Month, Day, Year)	
10	1 Keodine M. 7	lug d	c V				0.0	C.M.	Ε.		▶07	/17	/1993	
	30. NAME AND ADDRESS OF PERSON WHO	100			,	L	- 1	D - 3	L 2		\( -	. 1 -	3 313	
	31. DATE FILED (Manth. Pay: 1947)	32 REGISTRA	P'S SIGN TRE		in S	tre	et,	Ral	timo	re,	mary	/lan	id 212	UΙ
0	JUL 1 9 1993	gune very	em-los											

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG NO

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.	20	20331
	1. DECEDENT'S NAME (First, Middle, Last) NICHOLAS JOSEP	H STAMM				2. DATE OF DEATH MONTH DAY	YEAR 1993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-16-4431 Se. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (1) 1 X M 2 F 88	UNDER 1 YEAR ITHE DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) FEB.11,1905	8. BIRT Coun	YLAND	
DIRECTOR	1109 S. CAREY STR	EET		WN OR LOCAT		2		10d, INSIDE CITY
	MARYLAND  10a, STREET AND NUMBER			BALTIM(	ZIP CODE			1 🔀 YES 2 🗌 NO WHAT COUNTRY?
BY FUNERAL	1109 S. CAREY STR  11. MARITAL STATUS SINGLE 1   Never Married 2   Married 3   Widowed 4   Divorced	EET  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	13. WAS DEC If yes, spe 1YES	ENDENT OF HISPAN	21223 IC ORIGIN? (Specify Yes or No.), Puerto Rican, etc.)	U.S.A  14. RAC Blac Spec	E — American Indian, ik, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 9TH		16a. DECEDENT'S USU (Give kind of work its. Do NOT use ret CARPENTE)	done during mo: ired.)	N at of working	BALTIMOR		
BE	17. FATHER'S NAME (First, Middle, Last) UNKNOWN  19a. INFORMANT'S NAME (Type/Print)		10		JOSEPI	ME (First, Middle, Meiden Surne HINE (UNKNOW)	N)	
10	MARLENE KONRADI	200		HAMBU	RG STREET	C-BALTIMORE,	MD. 2	
	1 Suriet 2 Cremation 3 Remo 4 Donation 5 Office (Specify) 21. SIGNATURE OF FUNERAL SERVICE LITU	val from State cem	EADOWR1DGE	MEMOR	IAL PARK  ADDRESS OF FACE FUNERAL	7/19 ELKRII HOME INC.	DGE	
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DULTO (OR AS A	CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:  CONSEQUENCE OF:	d de Control	de of dying, such	a cardiac or reapirator	lar	Approximate interval Between Onset and Death
A	PART II. Other eignificant conditions Thrombou	contributing to deeth by	ut not resulting in th	e underlying	ceuse given in F	24e. W. AN AUTO PERFORMED?  1 YES 2 N		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDIC		HOSPITAL: 1   Inpatient 2   ER/Output 28e. DATE OF INJURY (Month, Day, Year)	atlent 3 DOA 4 COT INJURY	HER: Nursing Home 28c. INJU WOI	5 Residence 8 RY AT NC? ES 2 NO	Mary .	OCCURED	
0	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	fv)			281. LOCATION (Street and Nu City or Town, State)		Route Number,
COMPLET	2 MEDICAL EXAMINER					o the cause(s) and menner at ime, data and place, and dua		s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WHO				29c. LICENSE NUM	355 1	7/1	7 (93
y	JUL 19 1993 Ju	12 - 801 WASI		vD.,-В	ALTIMORE	, MARYLAND	21230	



BALTIMORE, MARYLAND 21215-0020

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	RA	REC	SID	E
	TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the houpping or	TO THE FUNERAL CIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral dimetry have 5 should be detached by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	PITA	ERA	n 72	T.
	Se	N	THE STATE OF	NY
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE	OF DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Catherine		STANGE			2. DATE OF DEA		3.	TIME OF DEATH
- 13	4. SOCIAL SECURITY NUMBER	5. SEX (		I and the second					, , ,
	219-18-8006	1 🗆 M 2 💢 F	3. AGE (In yrs. lest birthday) 85 YRS.	MONTHS D	EAR FUNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	1,1908	Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give st			9b. CITY, TO	OWN OR LOCATION OF D			TY OF DEAT	
E	Franklin Squar	e Hosp.		Ro	ssville		Ва	ltimo	re
<u> </u>	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	1	10c CI	Y, TOWN OR	OCATION			-	I MAIOT OUT
DIRECTOR	Md			ltimo					d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE	÷	10g. CITIZ	EN OF WHA	COUNTRY?
H L	106 South Clin	ton St.			21224		U.S	. A .	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMEO	13. WA	S DECENDENT OF HISPA	NIC ORIGIN? (Speci	Ify Yes or No-	14. RACE -	American Indian,
Ř	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAI	YES 2 THO		YES 2 NO Speci		(c.)	Specify: Whit	
ELED	15. DECEDENT'S EOUR (Specify only highest grade		16a. DECEDENT'S	USUAL OCCI	JPATION ng most of working	16b. KIND O	F BUSINESS/INDU		-е
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ng most or working				
COMPL	12	2	Opera	ator		Pho	ne Com	pany	
	17. FATHER'S NAME (First, Middle, Linst)	7			I .	AME (First, Middle, M			
n L	Andrew J. Swi	ngler				erine A			
2	Betty Ireland				treet and Number or Rural			,	
	200, METHOD OF DISPOSITION				nne Ave.,				
	20a. METHOD OF DISPOSITION  1 □ Burial 2 汉 Cremation 3 □ Rame  4 □ Donation 5 □ Other (Specify)	oval from Stata	20b. PLACE AND DATE camelery, crematory or o	other placa)	12.0 - 2.2	1	oc. LOCATION — C		.=-0.00
		CENSEE TO 1 .	IGreen Mc	unt (	Crematory	$\frac{17-16-9}{100}$	93 Ba	lto.,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC			ns"M	oran-Asht	on Fun	eral Ho	ome	Inc
	Edway M.		D00083	300	00 E. Bal	timore	St.Ba	lto.,	Inc. Md.21224
23. PART I. Enter the diseases, or complications that caused the daeth. Do not ante abook, or haert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):					debrovascu.	lar Acci	dent		interval Between Onset and Death
5	that initiated events resulting in death) LAST	d							
	PART II. Other algnificent condition	e contribution to d	and have and according	to the condi					
N N	TAIN II. Other arginitesit condition	a contributing to di	eath but not resulting	in the unge	nying cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	CO	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE
E I	447						10 1/20		DEATH?  YES 2 NO
į	or 1940 0405								
TH TOICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C)	neck only one)			
2	1  YES 2 NO		R/Outpatient 3 DOA	4 - Nursing	Home 5 Rasidence				
- 10	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	JURY 28b. Till Year) IN.		c. INJURY AT WORK?	28d. DEŞCRIBE I	HOW INJURY OCC	URED	
IEU DI	3 Suicide 6 Could not be detarmined	28e, PLACE OF building, etc	NJURY — At home, farm, c. (Specify)	street, factory	offica	281. LOCATION (S City or Town,	Street and Number of State)	or Rural Route	Number,
COMPLEIED			y knowledge, death occurr						d menner as stated.
2	296. SIGNATURE AND TITLE OF CERTIFIER	and 1	Blenton	1	29c. LICENSE NU	MBER 08	29d. DATE	SIGNED (MO	nth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	, Print)					
	David Peichert 1	MD 910.	5 Franklin	Square	Drive 21	1237			
	JUL 1 9 1993		S-SIGNATURE						

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DEATH TUN in M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR JE UNDER 24 HRS 7. DATE OF BIRTH A BIRTHPI ACE (S 1 XM 2 - F 24610.56 4 1920 YRS. 90. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH FUNERAL DIRECTOR 15000 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d, INSIDE CITY permit. Pages Ho 1 YES 2 NO 10e. STREET AND NUMBER Roseda 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 6 attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit d 5 executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIt yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 (10 Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 2 1 Never Merried ВУ 4 Divorced 3 Widowed COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest ntery/Secondary (0.12) College (1-4 or 5+) 9 12 Citz 12) gineer Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname Anthony notified at BE 19e. INFORMANT'S NAME (Type/Print State, Zip Code) 9 rotha 21216 Ma be 20e METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE LOCATION - City o must Cremetion 3 7/20 4 Donatton 5 🖵 Other (Specify) examiner ERAL SERVICE LICEN 21, SIGNATURE OF 22 West acoust medicai 23. PART I. Enter the disease, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreet, Approximate shock, or heart fellure. Liet only one cause on each line. 10 Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the cremation, 38 diseese or condition Kes racuiting in death) event, TO (OR AS A CONSEQUENCE OF) Hygiene prior to burial, 10 9 traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 8 mone CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST is has been signed by the attending to Dept. of Health and Mental Hyman 23 shows any Injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 - YES 2 WHO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 28. PLACE OF DEATH (Check only one) State HOSPITAL: this certificate OTHER 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA e 5 - Residence 8 - Other (Specify) the 6 28e. DATE OF INJURY (Month, Day, Yeer) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, With 1 Naturel
2 Accident 1 YES 2 NO BY DIRECTOR: After the hours after death death OR ATTENDING 28e. PLACE OF INJURY — At home, term, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Sulcide COMPLETED 8 Could not be 28 4 Homicide IMPORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end placa, and due to the cause(e) and menner as stated. FUNERAL | HOSPITAL 2 MEDICAL EXAMINER: On the beals of exemination end/or investigation, in my opinion, death within BE 포 THE 0 D 30 6 ۰ 23 2 30. NAME AND ADDRESS OF WHO COMPLETED DEATH (IXEM 27) (Type Decous OU REFS



31. DATE FILED (Month, Day,

9 1993

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32. REGISTRAR'S SIGNATURE

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1) EM 47) (1/2)

Jokolow

1994

31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

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	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H	IEALTH A	ND MENTA	L HYGIEN REG. NO.	E	93	2096
	1. DECEDENT'S NAME (First, Middle, Last)  CHARLES	J	WHARLES	JONE	ES	2. DATE	OF DEATH	2 9.	3	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-26-1555	1 🖳 M 2 🗆 F	AGE (In yrs. less birthdey) 6 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS		MIN. 10-	OF BIRTH h, Day, Year) 13-28	N	Country) 1ARYL	E (State or Foreign
TOR	98. FACILITY NAME (If not institution, give si MELCHOR NURSING RESIDENCE OF DECEDENT	or an order		96. CITY, TOWN		OF DEATH	Ϋ́	9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	NONE	10c. CIT	y, town or loca BAI		RE CIT	Ϋ́			INSIDE CITY LIMITS? 'YES 2 \Box
FUNERAL	2327 N. Charl	les St.		10	. ZIP CODE	21218		109. CITIZEN UNITE	OF WHAT C	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes, sp		HISPANIC ORIGII Mexican, Puerto Specify:			Black, White Specify:	marican Indien, te, atc.
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th grade		(Give kind of the Do NOT us	USUAL OCCUPATE work done during me se retired.)	osi of working		tree	INESS/INDUS	TRY	ant
BE CON	17. FATHER'S NAME (First, Middle, Last)  Lewis Jones				16. MOTHE	r's NAME (First,	Middle, Maiden			
TO B	196. INFORMANT'S NAME (Type/Print)  Mary Carter		5000	Alham	and Number o	Rural Route Num	De 1			. 21212
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE OF DISPOS other piece) GREEN	SITION (Name of ce	metery, cremai	7/17/	20c. LO	cation — cm altim	y or Town, St	teta
	21. SIGNATURE OF FUNERAL SERVICE LICE	CENSEE STATE		CALV	IN B	of FACILITY SCRU Presto	GGS F	UNERA	L HO	
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse	on each lina.	not anter the mo	ode of dyln	g, such ss cer	diec or resp	ratory erres	t,	Approximate interval Between Onsat and Dasth  2 7ecm 5
NTION	oue TO (OR AS A CONSEQUENCE OF):  Lung Carcinoma 2 YEARS)  Oue TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	c. OUE TO (OI	R AS A CONSEQUENCE O	F):						
_	PART II. Other significant condition	ns contributing to de	eath but not resulting	in the underlyin	g ceuse gl	van in Part I.	24a. WAS AN PERFOR	MED?	COMI DF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH?
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DE	ATH (Check only o	me)		10	YES 2 NO
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER: 4 D Nursing Hor						
ву РНУ	27. MANNER OF OEATH  1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		JURY W	JURY AT DRK? YES 2		SCRIBE HOW	NJURY OCCUR	łE0	
ED	3 Suicide 8 Could not be detarmined	28e. PLACE OF I building, etc	NJURY — At home, ferm, c. (Specify)	street, factory, offi	ea		CATION (Street or Town, State,		Rural Route I	Yumber,
COMPLET	Oneck Only		y knowledga, death occurr nination and/or investigation							manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	un At	tending ph	>51216W		SE NUMBER		29d. DATE S	SIGNED (Mont	th, Day, Year)
; <u>;</u>	30. NAME AND ADDRESS OF PERSON WI-	IO COMPLETED CALISE	OF DEATH (ITEM #7) (Sm)	Drint)						

DHMH-16 Rev 1/89

Ho. MD 21202

1		-	STATE REGISTR	AR
1	1.	D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9:	3 2	209	961

	1. DECEDENT'S NAME (First,	, Middle, Last)	_						2. DATE	OF DEATH	AY	YEAR	3. TIME OF D	EATH
4	LYNDON	-	R.			RNER			07	14		93	6:15	A
	4. SOCIAL SECURITY NUMBER 221-66-82		5. SEX	6. AGE (In )	yrs. last birthday) YRS.	MONTHS D		F UNDER 24 HRS.	7. DATE (Month)	Dey, Year)		Coun	HPLACE (Stote on try) Lmingt	
5	90. FACILITY NAME (If not in CLOISTER			OURT		9b. CITY, TO	OWN OR I	LOCATION OF DE	EATH			NTY OF I	DEATH	OUN
	RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN OR I	LOCATION	N					10d. INSIDE C	ITY
- 15-	MD				I	BALTI	MOR	E					LIMITS?	□ NO
	10e. STREET AND NUMBER							IP CODE			10g. CIT	IZEN OF	WHAT COUNTRY	7
	1639 N	orthe	12. WAS DECEDE		J.S. ARMED	13. WAS		1239 DENT OF HISPAN	IIC OBIGIN	7 (Specify Vec		ISA 14. BAC	F — American II	vilen
	1 Never Married 2   3   Widowed 4   Divo		FORCES? IF YES, GIVE			If ye		fy Cuban, Mexica	n, Puerto A			Spec	E — American lock, White, etc.	
	(Specify only	EDENT'S EDU y highest grade		10	6a. DECEDENT'S (Give kind of life. Do NOT u	work done duri	UPATION ing most o	of working	16b.	KIND OF BUS	SINESS/INC			
	Elementary/Secondary (0	)-12)	College (1-4 or 5	i+)	Stude				M	organ	St	ate	Unive	rs
1	17. FATHER'S NAME (First, M.	liddle, Last)					11	S. MOTHER'S NA	ME (First, N	liddle, Maiden	Surname)			
	Georg		rner							a Car				
	19a. INFORMANT'S NAME (7)				196. MAILING	ADDRESS (S	Street end	St. W:	Poute Numb	or, City or Town	n, State, Zi	ela	ware 1	98
1	George Tu  20a. METHOD OF DISPOSITI  1 TBuriel 2 Crematic	ION		20b. PI	LACEANDDATE				DATE				Town, State	-
	23 PART Enter the dishock, or himmediate cause (Fudisease or condition resulting in death)	gårt fallure.	compilestions the	at caused the second control of the second c	he death. Do o	460 not enter the	Proy	O. Di	yett y Hg	& Schts.	on F	une . B	ral Hm	Md Imata Betv
MCAL CERTIFICATION	immediate cause (F)/disease or condition	legaces, or cart failure.	b. DUE TO	Multipo O (OR AS A CO	the death. Do on the line.  ONSEQUENCE OF THE CONSE	22. NAI Le 460 not enter the	ME AND A POOR	ADDRESS OF FAY O. Dy Libert of dying, suc	yett y Hg h aa card	& SC hts. lac or reapi	AUTOPSY	une Breat,	ral Hn alto. 21/20p/ox Interval Onset (	Md Imata Betwend D
MEDICAL CERTIFI	Shock, of himmediate Cause (Fidelisease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifications.	lona, diata ING	DUE TO  DUE TO  A. DUE TO  DUE	Multiple of the control of the contr	the death. Do in the line.  CLL LIU ONSEQUENCE OF T	22. NAI Le 460 not enter the	ME AND IN PROPERTY IN THE INTERIOR OF THE INTE	ADDRESS OF FAY O. DY Libert of dying, such	Part I.	& SC hts. lac or reapi	AUTOPSY MED?	une Brest,	b. WERE AUTOPS AMALABLE PRI COMPLETION COMPLETION COMPLETION TO PERMIT TO PE	Md Imata Between Do on To on To
MEDICAL CERTIFI	Shock, of himmediate CAUSE (F) disease or condition resulting in death)  Sequentially list condition if any, leading to immediates. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnifications.	lona, diata ING	DUE TO  DUE TO	Multiper of the control of the contr	The death. Do on hime.  CONSEQUENCE OF CONSEQUENCE	22. NAI Le 460 not enter the	PLACE BE. INJURE	ADDRESS OF FAY O. DY Libert of dying, such cause given in	Part I.	& SC hts. lac or reapi	AUTOPSY MMED?	une Breat,	tral Ha alto. 21/20plox Interval Onset of AMALABLE PRI COMPLETION CO OF DEATH	Md Imata Between Do on To on To
PHYSICIAN: MEDICAL CERTIFI	Shock, of himmediate Cause Eximines or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death) Last cause. Enter UNDERLY CAUSE (Disease or Injuriate Last Under U	lona, diata ING	DUE TO  DUE TO	o (OR AS A CO O	The death. Do in the line.  Consequence of the line of	22. NAI Le 460 not enter the F): F):  OTHER: 4 ON Nursing	ertying c  28. PLAC  Be INJURY  1 YES	ADDRESS OF FAY O. DY Libert of dying, such cause given in	Part I.	24a. WAS AN PERFORM 1(75 YES 2	AUTOPSY MMED?	une Breat,	b. WERE AUTOPS AMALABLE PRI COMPLETION COMPLETION COMPLETION TO PERMIT TO PE	Md Imata Between Do on To on To
BY PHYSICIAN: MEDICAL CERTIFI	Shock, of himmedian in the property of the pro	Iseases, or court failure.  Iona, diata ING ITY  T ant condition  O MEDICAL  Pending	DUE TO  DUE TO	o (OR AS A CO O	CONSEQUENCE O	22. NAI Le 460 not enter the F): F):  OTHER: 4 ON Nursing	PLACE SE. INJURE SE. I	ADDRESS OF FAY O. DY Libert of dying, such cause given in	Part I.  Bock only one  8 % Other  28d. DES  SUB  28f. LOCA	24a. WAS AN PERFORM 1 (Specify) CRIBE HOW II	AUTOPSY MED?  IN NO SHO	une Breat,  24	b. WERE AUTOPS AMALABLE PRI COMPLETION COMPLETION COMPLETION TO PERMIT TO PE	Md mata Betweend D
BY PHYSICIAN: MEDICAL CERTIFI	Shock, of himmediate CAUSE (Fideliaeae or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnification of the cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnification of the cause	Iseases, or eart failure.  Iona, diata into into condition into co	DUE TO  DUE TO	Derivorded to the control of the con	The death. Do on the line.  Consequence of the line of	22. NAI  Le  460  not enter the  460  F):  F):  In the unda  OTHER: 4   Nursing  E OF  SAM  street, factory  DUMPS  red at the time	PLACE STEER	ADDRESS OF FAY O. DY Libert of dying, such cause given in ED OF DEATH (Ch. 5   Residence Y AT 73 2   XNO	Part I.  Bock only one  S UBB  281. Loca C LOC  to the cau	24a. WAS AN PERFORM 1 (Specify)  CRIBE HOW II  JECT  ATION (Street as or Fown, State)  I STEF  ace(e) end mar	AUTOPSY MED?  IN NO SHO and Number & & norer as sta	DIIM CURED T	alto. 21/200/ox Interval Onset 4  Onset 4  AMALABLE PRI COMPLETION CO OF DEATH?  1/1/2 YES 2 (  PSTER  AQUITE Number, ARIS (	Md Imate Between Da Transport of Finding On To OFF CAUS
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Shock, of himmediate CAUSE (Fideliaeae or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnification of the cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other algnification of the cause	Iseases, or eart failure.  Iona, diata ing iny ing ing ing ing ing ing ing ing ing ing	DUE TO  DUE TO	Derivorded to the control of the con	The death. Do on the line.  Consequence of the line of	22. NAI  Le  460  not enter the  460  F):  F):  In the unda  OTHER: 4   Nursing  E OF  SAM  street, factory  DUMPS  red at the time	ertying c  26. PLAC  g Home  8c. INJUM WORK  1 USES  7, office  5 TER  8. dete ennion, death	ADDRESS OF FAY O. DY Libert of dying, such cause given in ED OF DEATH (Ch. 5   Residence Y AT 73 2   XNO	Part I.  Book only one  SK Other  SUB-  CLO  to the cau	24a. WAS AN PERFORM 1 (Specify)  CRIBE HOW II  JECT  ATION (Street as or Fown, State)  I STEF  ace(e) end mar	AUTOPSY MED?  IN NO SHO  Red Number as stand due to til  29d. DAT	DIIM COURSED TO OF RUNSED POL. the Cause of Esigne.	b. WERE AUTOPS AMALABLE PRI COMPLETION COF DEATH? 1/2 YES 2 ( PSTER  Acute Number, ARIS C D (Month, Dey. Ye	Md Imate Between Date of Finding Property of F
ERTIFI	Shock, of he immediate cause Exhibition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injury)  CAUSE (Disease or Injury)  CAUSE (Disease or Injury)  CAUSE (Disease or Injury)  CAUSE (Disease or Injury)  CAUSE (Disease or Injury)  ACI (Disease or Injury)  PART II. Other algnification in the cause of the cau	Iseases, or cart failure.  Iona, diata ing ing ing ing ing ing ing ing ing ing	DUE TO  DUE TO	DEFINURY  DEFINIURY  OF INJURY  O	The death. Do on the line.  CONSEQUENCE OF CONSEQUE	22. NAI Le 460 not enter the  ### A   ### A	ertying c  26. PLAC  g Home  8c. INJUM WORK  1 USES  7, office  5 TER  8. dete ennion, death	ADDRESS OF FAY O. DY Libert of dying, such of dying, such cause given in  E OF DEATH (Ch. 5   Residence N AT CT 2   XNO	Part I.  Book only one  SM Other  28d. DES  Chy CLO  to the cau time, date	24a. WAS AN PERFORM 1 (Specify)  CRIBE HOW II  JECT  ATION (Street as or Fown, State)  I STEF  ace(e) end mar	AUTOPSY MED?  IN NO SHO  Red Number as stand due to til  29d. DAT	DIIM COURSED TO OF RUNSED POL. the Cause of Esigne.	b. WERE AUTOPS AMAILABLE PRI COMPLETION OF DEATH?  1/X YES 2    PSTER  Aoute Number, ARIS (c) end manner of	Md Imata Between D Finon To On

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

Hileton, Del 221-55-9271 DALTIMORE 1639 Northwerm Plewy Modifi Morgan State University Student De-Anna Caxter Cepres Turner 506 W. 21st St. Wilmington, Delaware 19801 George Tuxner Waterview Cemetery 7/20/93 Wilmington, Del. Leroy O. Dyett & Son Funeral Rm. 4600 Liberty Honts. Ave. Balto. Md 21207 -

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	IENTAL HYGIEN		3 20302
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	SOFIA	TSERKIS				JULY 13,	1993 '*	7:25 a.m. M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	219-70-0560  9a. FACILITY NAME (If not institution, give :	1 DM 2 AF 84	YRS.	- 25		3-2-09	(	reece
Œ	THE JOHNS HOPKIN		- 1		OR LOCATION OF DE	АТН	9c. COUNTY	
18	RESIDENCE OF DECEDENT	3 HUSPITAL		BALTIMO	RE CITY		BALTI	MORE CITY
DIRECTOR	10a. STATE 10b. COUNT Maryland	Y		town or locat	ION			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER		Dail					1 X YES 2 NO
FUNERAL	724 N. Linwood	Avenue		101	21205		U.S.A	OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify:			Black, White, etc. Specify: White
	15. DECEDENT'S EDU	CATION	44-050555					WILLUE
COMPLETED	(Specify only highest grade	completed)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo-	N st of working	16b. KIND OF BUS	SINESS/INDUST	RY
P	O Contract (10-12)	College (1-4 or 5+)	Но	usewife		_		
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Meiden	Surname)	
BE (	John Kanakis					ikolatou		
0	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		
	Michael Tserkis 20a. METHOD OF DISPOSITION	l size				, Baltimo		
	1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stale cem	PLACE AND DATE OF	er place)		1	CATION — City	200 d. 200
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES	ak Lawn	22. NAME AN	D ADDRESS OF FAC		timore	, Ma.
l ji	Name of	marther	12		ews Funer			
	23. PART I. Enter the diseases, or							Md. 21224
	shock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause on e	ach lina.		aa or aynig, addii	an cordiac or respi	natory arrest,	interval Between Onset and Death
	disesse or condition resulting in death)	Ineumo	nia					7d.
		01	CONSEQUENCE OF	:				
NO N	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF					
\\$	if sny, lesding to immediata cause. Entar UNDERLYING	Congesti	ve How	+ Fail	use.			į į
<u>E</u>	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	TI A				
CERTIFICATION	resulting in death) LAST	a. Ulinar	y Tract	Inflect)	01.			
AL C	PART II. Other algnificent condition	s contributing to death b	ut not rasulting in	the underlying	cause given in F	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
SC		***				PERFOR	IMICUI	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEC						_   ' ' ' '	Δ	OF DEATH?
z								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		28. PL	ACE OF DEATH (Chec	k only one)		
ЧYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atlent 3 DOA	I ☐ Nursing Home	5 Residence 8			
4	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DEŞCRIBE HOW II	NJURY OCCURE	D
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, lerm, atr			281. LOCATION (Street a	and Number or Re	ural Route Number,
Ë	4 Homicide determined	building, etc. (Spec	erry)			City or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	ledge, daeth occurred	at the lime, date	and place, and dua I	o lhe cause(a) and men	nner as steted.	
₩ O		R: On the basis of exemination						use(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	W.			29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)
TO B	Nusan // fien	ran, MD			1979	2	D 7/	13/93
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	of Medic	Jo	hns Hopk	ins Ho	ospidal
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGN		or requ	me 600	wolfe st	, Balto	MD 21287
4	JU1/8 19-10-12	ALL THE STRAITS SIGN	anda ML					
	171-101-000	And resilies and the same of the	1					

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< 0.0.	certificate
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AL ILLOONDO, L.	requires
1	A.A.
	The
	3 PHYSICIAN:
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1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
j.	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATN

	REGISTRAR		CERTIF	ICATE OF I	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
	Allegra M. Tay	/lor				MONTH D		AR
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	07 10 7. DATE OF BIRTN	93	
	5599	1 □ M 2 12 F			HOURS MIN.	(Month, Day, Year)	C	HRTNPLACE (State or Foreign country)
	214-40-5899	Δ.	88 YRS.			05-08-05	B	altimore, MD.
-	9e. FACILITY NAME (If not institution, give s				LOCATION OF DEAT	TN	9c. COUNTY	OF DEATH
DIRECTOR	3022 Gwynns Falls	s Parkway		Baltima	ore, MD.			
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT							
<u>=</u>		*		Y, TOWN OR LOCATIO	ON			10d. INSIDE CITY LIMITS?
	Maryland		Ba	1timore				1 XYES 2 NO
¥	10e. STREET AND NUMBER			101. 2	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3022 Gwynns Fall	s Parkway		2	21216		USA	
5	11. MARITAL STATUS	12. WAS DECEDENT E	ER IN U.S. ARMED	13. WAS DECE	NDENT OF HISPANIC	ORIGIN? (Specify Yes	or No 14, I	RACE - American Indian,
151	1 Never Merried 2 Merried	FORCES? 1	YES 2 NO	If yes, spec	olfy Cuben, Mexican,	Puerto Rican, etc.)		Black, White, etc.
β	3 -Widowed 4 Divorced			1 123 2	X NO Specify:			Specify: Black
8	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPATION	1	16b. KIND OF BUS	INESS/INDUSTI	RY
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during most se retired.)	of working			
립		college 4	Teac	her		Raltimo	ro Don	t. of Educati
COMPLET	17. FATNER'S NAME (First, Middle, Last)	oriede 4	Teac		40 1407145710 14444	E (First, Middle, Meiden		c. Of Educati
ŭ	John Mussenden							
BE	19e. INFORMANT'S NAME (Type/Print)					Penningto		
일						ute Number, City or Town		/ / /   D
	Louise M. Dennis	3	3022	Gwynns Fa	alls Park	way Balti	more, 1	Maryland
	20e. METHOD OF DISPOSITION  T√D Buriel 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE AND DATE ( cemetery, crematory or of		e of	DATE 20c. LO	CATION — City of	or Town, State
	4 Donation 5 Other (Specify)		Maryland	National		Lau	rel. Ma	arvland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND	ADDRESS OF FACIL	LITY		
	> Hay bot	2 /	tt.			Home, IN		
	22 PART I Enter the disease	12:10	men	2501 G	Swynns Fa	11s Parkw	ay Bal	to., MD. 21216
	23. PART I. Enter the diseases, or ehock, or heart failure.	List only one cause	on each iine.	ot enter the mode	e of dying, auch i	sa cardiac or reapi	ratory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Finel							Onset and Death
	disease or condition resulting in death)	. Cordi	0 Pulmo	nam	Acrest			
		DUE TO (OR	D Pulmo AS A CONSEQUENCE OF AS A CONSEQUENCE OF	r):				
z	record out to and returned	· Hur	zer tensiv	e caro	Lio vasa	low disea	se	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO OR	AS A CONSEQUENCE OF	7):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Dem	entia.	Serile	•			
프	that initiated events	OUE TO (OR	AS A CONSEQUENCE OF	7):				
드	resulting in death) LAST	d						!
	DARY II OAL - II-IIIA - IIII							
MEDICAL	PART II. Other aignificant condition	a contributing to dec	th but not resulting i	n the underlying	ceuse given in Pa	ert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8 1						_ 1 TYES 2	KNO	COMPLETION OF CAUSE OF DEATH?
W							"	1 YES 2 NO
-						-		
¥	25. WAS CASE REFERRED TO MEDICAL			26, PLA	CE OF DEATN (Check	( only one)		
S	EXAMINER?  1 YES 2 NO	HOSPITAL:	10.4.4.4.	OTHER:				
PHYSICIAN:	27. MANNER OF OEATN	28e. OATE OF INJ		4 Nursing Home				
م	1 Natural 5 Pending	(Month, Day, Y		URY WORK	K?	8d. DESCRIBE NOW II	JURY OCCURE	0
Æ	2 Accident Investigation				S 2 NO			
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — At home, ferm, a (Specify)	treet, factory, office	2	8f. LOCATION (Street a City or Town, State)	nd Number or Ru	irel Route Number,
E 1	To the state of th							
4	(Check only 1 CERTIFYING PNYSI	CIAN: To the best of my	knowledge, death occurre	d at the time, date er	nd place, end due to	the cause(s) end man	ner ee atated.	
COMPLETED								se(s) end manner as stated.
- 14	29b. SIGNATURE AND TITLE OF CERTIFIES							
BE	Fmilas	1 - 1		1	29c. LICENSE NUMBE		Z90. DATE SIG	NEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH		E DEATH (ITEM AT) /7	Oninet)	U 5 B	240	- ()	13 93
			VEALTH (ITEM 27) (Type,	PTHTH)	D	d		
	2201 Argonne Drive Assulto MD 21218.							
				M M	17 513	L (8 ·		
6	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	ŞIGNATURE	M ALC	11) 213			

32. BEGISTRAR'S SIGNATURE

the been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that and Mental Hygiene prior to burial, cremation, or removal. w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF WITAL RECORDS, P.O. BOX 68760,

item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

IMPORTANT: If Item 28 is marked, an TO THE HOSPITAL OR ATTENDING PO TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ( ERTIFICATE	OF HEALTH AND	MENTAL HYGIEN REG. NO.		20304
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	-	3. TIME OF DEATH
	JEANETTE	TOLES			JULY 1	7, 19	
	11/11	6. AGE (In yrs. les		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	899	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street	it and number)	9b. CITY, TO	OWN OR LOCATION OF D		9c. COUNTY	OF DEATH
TOR	THE JOHNS HOPKINS	S HOSPITAL	BAL	TIMORE CIT	Υ	BALTI	MORE
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION ,			10d. INSIDE CITY LIMITS? YES 2 \( \text{NO} \) NO
FUNERAL	1701N. Reg	ister St		101, ZIP CODE 2/	3	10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES IN IF YES, GIVE WAR OR DATES	4O If y	S DECENDENT OF HISPA es, specify Cuban, Mexica YES 2 NO Specif	n, Puerto Rican, etc.)	or No.— 14. I	RACE — American Indian, Black, White, etc.
LETED	15. DECEOENT'S EDUCAT (Specify only highest grade con	TION   16e. DE   (Gi	CEDENT'S USUAL OCCI tive kind of work done duri Do NOT use retired.)	UPATION ing most of working	16b. KIND OF BUS	SINESS/INDUSTI	RY
COMPLET	17. FATHER'S NAME (First, Middle, Last)		ausin	18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
BE (	GEORGE M	CCARNICK		SAMA	h Ros	0	
2	19a, INFORMANT'S NAME (Type/Print)	( ) 19k	D. MAILING ADDRESS (S	Street and Number or Rural	Route Number, City or Tow	n, State, Zip Cod	ma/3
	20e. METHOD OF DISPOSITION  1		AND DATE OF DISPOSITION OF OTHER PROPERTY OF OTHER PROPERTY OF THE PROPERTY OF	bode the	DATE 20c. LO	CATION - City	or Town, State
3	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22. NA	ME AND ADDRESS OF FA	CILITY		
	Betts +	-unenal A	ome?	11291	y. CAR	1 horas	= 5/
	23. PART I, Entar the diseases, or com	malle able and a second about					
	shock, or heart fellure. List	npiicationa that caused the de it only one cause on each line	eth. Do not anter th	e mode of dying, suc	ch as cardiac or respi	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	replications that caused the de it only one cause on each line	). 			ratory arrest,	Approximate interval Between Onset and Death
	snock, or neart fellure. List	BOWR L  DUE TO (OR AS A CONSEC	INF	ALCTIO	~		Interval Between Onset and Death
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Boure L	QUENCE OF):	ALCTIO			Interval Between Onset and Death
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	BOWEL  DUE TO (OR AS A CONSECT  A HELO SE	QUENCE OF):	ALCTIO	~		Interval Between Onset and Death
- CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CO	DUENCE OF):	Contour	esu ( l	Piper	Interval Between Onset and Death Shark
AL.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	DUENCE OF):	Contour	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	Interval Between Onset and Death Ships and Dea
AL.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	DUENCE OF):	Contour	Part I. 24a. WAS AN	AUTOPSY IMED?	Interval Between Onset and Death Shark  3 J  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
AL.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF):	Core Core	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	Interval Between Onset and Death Sharp Sha
AL.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):  DUENCE OF):	Conclored Conclo	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	Interval Between Onset and Death Sharp Sha
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of the cause o	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DOA OTHER:  A   Nursing  28b. TIME OF  INJURY 28b	Core Core	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	Interval Between Onset and Death Ships and Dea
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  VES 2 NO 11.	DUE TO (OR AS A CONSECTION OF TO (OR AS A CO	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DOA OTHER:  A   Nursing  28b. TIME OF   28	Core Core  Core Core	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	Interval Between Onset and Death Ships and Dea
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause of the	DUE TO (OR AS A CONSECT DUE TO	DUENCE OF):  DUENC	26. PLACE OF DEATH (Chog Home Cic. INJUSTY AT WORK?  1  YES 2 NO	Part I. 24a. WAS AN PERFOR 1 VES 2  Octoor (Specify)  28d. OESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)	AUTOPSY MED? THO  NJURY OCCURE	Interval Between Onset and Death Ships and Dea
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONSECT DUE TO	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DOA 4   Nursing  A   Nursing  M   M   Nursing  M   M   M   M   M   M   M   M   M   M	conclored on the state of the s	Part I. 24a. WAS AN PERFOR 1 TYES 2  Other (Specify)  28d. OESCRIBE HOW II  28f. LOCATION (Street a City or Town, Stafe)	AUTOPSY MED? NO NJURY OCCURE	Interval Between Onset and Death Ships and Dea
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause of the	DUE TO (OR AS A CONSECT DUE TO	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DOA 4   Nursing  28b. TIME OF   28  INJURY M  ms, farm, street, factory  eth occurred at the time investigation, in my opini	conclored on the state of the s	Part I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  28d. OESCRIBE HOW II  28f. LOCATION (Street a City or Rown, State)  to the cause(a) and mar	AUTOPSY MED? NO  NJURY OCCURE and Number or Richard and the care and the care 29d. DATE SIG	Interval Between Onset and Death Shall Shall 30 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  Was and Manner as stated.  WEG (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause of the	DUE TO (OR AS A CONSECT DUE TO	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DOA 4 Nursing  28b. TIME OF INJURY  M  ma, farm, street, factory  eth occurred at the time investigation, in my opin	core Core  Core Core  Core Core  Core Core  Core	Part I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  28d. OESCRIBE HOW II  28f. LOCATION (Street a City or Rown, State)  to the cause(a) and mar	AUTOPSY MED? NO  NJURY OCCURE and Number or Richard and the care and the care 29d. DATE SIG	Interval Between Onset and Death Sh

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REC	he law requires that the death certifi-
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IA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN; The I
ō	O.
_	PITAL

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ULLM AN nna 4:10 993 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 🗌 M 2 🕟 F YRS. 577 42 7884 June 24, Russia page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR Holy Cross Hospital Silver Spring Montgomery 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Florida Broward Margate 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6411 Coral Lake Drive 33063 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Actuarial Assistant Private Business 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) notified at BE Zalman Itzak Cohen Etta Faiga Losikoff 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles Price 818 Nethercliffe Hall Rd. Great Falls.Va. e 22066 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must filled in by the funeral director, Lebanon Cemetery Adelphi, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church. medical 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximete shock, or heert fellure. List only one ceuse on each line. 6 interval Between **IMMEDIATE CAUSE (Final** Onset and Death the been signed by the attending physician and completely fills t, of Health and Mental Hygiene prior to burial, cremation, diseese or condition\_ resulting in death) traumatic event. DUE TO (OR AS A CO senal OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY shows any 1 - YES 2 NO OF DEATH? 1 YES 2 NO has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item . After this certificate of death with the State HOSPITAL:
1 | Inputiant 2 | ER/Outputient 3 | DOA OTHER: 1 - YES 2 NO e 5 🗆 Residence 6 🗆 Other (Specify) 4 I Num 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO marked, 1 Natural
2 Accident 5 Pending investigation BY 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 6 Could not be detarmined FUNERAL DIRECTOR: Within 72 hours after o 4 Nomicide 28 COMPLET Hem 29a. CERTIFIER
(Chack only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. = 2 \_\_\_ MEDICAL\_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: 29h SIGNATURE AND TITLE OF CERTIF TO THE F TO THE F be filed w 29c. LICENSE NUMBER BE 29d, DATE SIGNED / Month. Day. Year! D34032 2 AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3720 FARRAGUT KENSINGTON MO 20895 ANNE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93



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TO THE HISPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending newschips.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyderie prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N: The law requires that	icate has been signed by State Dept. of Health an	Item 23 shows any
L DR ATTENDING PHYSICIA!	L DIRECTOR: After this certifithours after death with the	Item 28 Is marked, or
TO THE HOSPITA	TO THE FUNERA be filed within 72	IMPORTANT: I

BE COMPLETED BY PHYSICIAN:

2

Ite	m1,Film718,12/2	29/94,1t									9	3 2	20966
	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAN	ID / DEPAR	TMENT	OF H	DEA	AND TH	MENTAL	HYGIEN REG. NO	E		
17.00	1. DECEDENT'S NAME (First, Middle, Last)	Stavroul Stella		etsana	kos				2. DATE O MONTH July	of DEATH D	1993	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In )	rs. lest birthday)	IF UNDER	1 YEAR	-	R 24 HRS.	7. DATE C	E BIRTH			ACE (State or Foreign
	213-36-6757	1 🗆 M 2 🂢 F		89 YRS.	WONTHS	DAYS	HOURS	MIN.	Oct.	3, 1	903	QOUINTY)	Greece
~	9a. FACILITY NAME (If not institution, give a				96. CITY		OR LOCATI				9c. COUNT	Y OF DEA	тн
2	Good Samaritan	Hospital				Ba	ltim	ore	City				
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	ry, town o	OR LOCAT	TION	_		-		10	Od. INSIDE CITY
BY FUNERAL DIRECTOR	Maryland			100		Ba	ltim	ore	City			1	LIMITS?  YES 2 NO
AL.	10e. STREET AND NUMBER		-			101	. ZIP COD	E			10g. CITIZE		AT COUNTRY?
E	2713 Kildaire	Drive						2	1234		Gi	reece	9
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13.	WAS DEC	ENDENT (	OF HISPAI	NIC ORIGIN	(Specify Yes	or No- 1	4. RACE -	- American Indian, White, etc.
×	1 Never Married 2 Married FORCES? 1   IF YES, GIVE WAR						If yes, specify Cuben, Mexican, Puerto 1  YES 2  NO Specify:			no racan, etc.)		Specify: White	
	15. DECEDENT'S EDU		16a. DECEDENT'S USUAL OCCUPATION 16b				1				WIII CE		
	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5 +		(Give kind of life. Do NOT u	work done	during mo	est of worki	ng	160.	KIND OF BU	SINESS/INDU:	STHY	
7	Provide the second second	6 Housewife											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)												
ш	George Simernos Catheri					herin	e K	Coudor	i				
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a	nd Numbe	r or Rural	Route Numbe	or, City or Tow	n, Stata, Zip C	ode)	
F	Nancy Asi	makes		2713	Kil	dair	e Dr	i ve	Balt	imore	, Md.	212	34
1	20a. METHOD OF DISPOSITION  1 XI Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. Pl.	ACE AND DATE	of bispos ther place)	ition (Ne	m. 7	/19/	93	Bal	cation — ca l timor	e	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Milton		inight Jr			ND ADDRE		CILITY	Balti	more,	Md.	21214
	Milton	miseld	1	3	l	.eon	ard .	J. R	uck,	Inc.	5305	Harf	ord Road
	23. PART I. Enter the diseeses, or	complications that	caused th	ne deeth. Do	not enter	the mo	de of dy	ing, suc	ch as cardi	ac or resp	iratory arres	st,	Approximate
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one ceu	se on eecl	h line.									Interval Between Onset and Death
	disease or condition resulting in death)	. Ket	toac	ONSEQUENCE O									
					NF):								
Z	Sequentially list conditions,	· Urosepsis											
M	if any, leeding to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):											
5	CAUSE (Disease or Injury	C											
CERTIFICATION	that initiated events resulting in death) LAST	TO THE RECORDEDUCATION OF STATE OF STAT								İ			
		d											+
MEDICAL	PART II. Other significant condition	ns contributing to	death but	not resulting	in the ur	iderlyln	g ceuse	given in	Part I.	24a. WAS AN PERFOR	RMED?	A C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
MEC													F DEATH?

					1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient :	OTHI	26. PLACE OF DEATH (C ER: uraing Home 5  Residence	A	
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	ED
3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fa	actory, office	281. LOCATION (Street and Number or F City or Town, State)	Rural Route Number,

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and man

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place,

296. SIGNATURE AND TITLE OF CERTIFIER FIRAT DURY, M.D. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JUL 1 9 1993

32. REGISTRAR'S SIGNATURE

JULIA NAVIGOON—MANDER

29d. DATE SIGNED (Month, Day, Year)

7-16-97

31. DATE FILED (Month, Day, Year)
JUL 19 1993

y, or other traumatic	Sequentisity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONS  DUE TO (OR AS A CONS	ALL MARKET CHIEF ST						
. E	resulting in death)	DUE TO (OR AS A CONS		010					
remanon, or removal	shock, or heart fellure IMMEDIATE CAUSE (Fine) disease or condition	. List only one cause on each li	/E CARDIOVAS			et, Approx Interval Onset s			
cal exam	Eddley M.  23. PART I. Enter the diseases, or	Complications that caused the	3405	6. nd 2	inst				
examiner must	1 Description 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNAFURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY (Concluded Service)								
2	20s. METHOD OF DISPOSITION	20b. PLAC	EAND DATE OF DISPOSITION (Na	bridge E	TE 20c. LOCATION — CI	He mod			
ed at	100 LCRE L. C	Villiams 2	18b. MAILING ADDRESS (Street at	LAREHA not Married or Plante Plante Married	D. Thorns	MS 2/			
once. COMPL	17. FATHER'S NAME (First, Middle, Last)	(.`./. =	x a,	16. MOTHER'S NAME (First,	Middle, Meiden Sumeme)				
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-)2)	te completed)	DECEDENT'S USUAL OCCUPATIO (Give kind of work done during mos life. Do NOT use retired.)	on st of working	b. KIND OF BUSINESS/INDU	STRÝ			
B	1 D Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 YES	2 (f) NO Specify:		Specify: Black			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2		ENDENT OF HISPANIC ORION		4. RACE — American in Black, White, atc.			
	10e, STREET AND NUMBER			. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY			
DIRECTOR	10a. STATE 10b. COUN	TY	10c, CITY, TOWN OR LOCAT	NORE		10d. INSIDE CI LIMITO? 1 TES 2			
200	601 LINNARD RESIDENCE OF DECEDENT	ST.	BALTI	MORE					
~	9a. FACILITY NAME (If not institution, give	street and number)		OR LOCATION OF DEATH		Y OF DEATH			
	214-70-9803	1 1 M 2 OF 35	YRS. MONTHS DAYS	HOUSE MAN (MON	11. Day, Year) 2-22-57	Country)			
	KENNETH  4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. I	WILLIA	0.7	13 1991 OF BIRTH				

. Page 6 may be retained by the hospit	iral director, page 5 should be detached		ilner must be notified at once.
ID THE HOW ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospit	TO THE CHIEFLA. IN ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	ene prior to burial, cremation, or removal.	IMPORTANT I July 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CIAN: The law requires that the death cert	artificate has been signed by the attending	he State Dept. of Health and Mental Hygid	or item 23 shows any injury, or of
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNE BALL DIRECTOR; After this ce	be free with the hours after death with the	IMPORTANT II IMm 28 is marked,

FOR	STATE OF MA	ADVIAND / DEDAD	THENT OF	HEALTH AND	MENTAL INVOICE		3 20968
1 - STATE REGISTRAR		ARYLAND / DEPAR CERTIF	ICATE OF		MENIAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Mid	el Wi		5		2. DATE OF DEATH DON'TH DE	5 /	3. TIME OF DEATH
217-24-6094	1 💢 M 2 🗆 F	62 YRS.	#F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		reeman, Va.
	9e. FACILITY NAME (If not Institution, give street end number)  Liberty Medical Center  RESIDENCE OF DECEDENT				EATH	7	Y OF DEATH
	ENT D. COUNTY	Inc CIT	Balti				
		Ba		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
2230 Pennsyl	vania Ave.		101. ZIP CODE 21217			10g. CITIZE	S.A.
11. MARITAL STATUS 1 Never Merried 2 Mer 3° Widowed 4 Divorced	12. WAS DECEDENT I	YES 2 X NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell tyee, apecify Cuben, Maxican, Puerto Rican, etc.)  1 YES 2 A NO Specify Black			14. RACE — American Indian, Black, White, atc. Specify: Black	
15. DECEDE (Specify only high	NT'S EDUCATION hest grade completed)	16e. DECEDENT'S (Give kind of v	vork done durina m	ION ost of working	16b. KIND OF BUS	SINESS/INDUS	STRY
15. DECEDEI (Specify only high Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle)	College (1-4 or 5+)	Constru	ction W	orker			
17. FATHER'S NAME (First, Middle, Fred Will				18. MOTHER'S NA	ME (First, Middle, Meiden Jones	Surneme)	
Po. INFORMANT'S NAME (Typo) Annie M. Wil		19b. MAILING 2230	ADDRESS (Street Pennsyl	end Number or Aurel vania Ave	Poute Number, City or Tow.	n, Stete, Zip C. Md.	21217
20s. METHOD OF DISPOSITION 1A Buriel 2 Cremetion 3 4 Donation 5 Other (Spe		20b. PLACE AND DATE OF OF OF WESTERN			7-20 Bal		y or Town, State
21. SIGNATURE OF FUNERAL SE	HVICE LIEBBER DU 101/1		22, NAME A	ND ADDRESS OF FA	CILITY		orth Ave 21217
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  But To (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
DACT II Other slenitleast a		eath but not resulting I	n the underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	Diver	CM10815	<u> </u>		1 TYES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		J
1 TYES 2 KNO	1 Inpatient 2 E	R/Outpatient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)		
I MINITURE 5 PENO	ing (Month, Day, itigation		URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCU	RED
3 Suicide 6 Coul	d not be mined 28s. PLACE OF I building, etc	NJURY — At home, farm, s c. (Specify)	treet, factory, offic	:e	26t. LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYII 2 MEDICAL	NG PHYSICIAN: To the best of m						
29b. SIGNATURE AND TITLE OF	F F	Hending	( )	29c. LICENSE NUM	3 0115	29d. DATE S	SIGNED (Month, Dey, Year)
30. NAME AND ADDRESS OF PER	IORPENS	OF DEATH (ITEM 27) (Type,	Print) 2600	Libe	AY IKE	is 19	Ve Baltims
31, DATE FILED (Month), Day, Year) JUL 1 9 1993	July Davider						

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR GEORGE WHITE 07 10 1993 8:50 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4/9/27 1 M 2 D F DAYS HOURS 66 YRS. 215 24 6236 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 958 W. FRANKLIN ST. permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. TYES 2 NO Balto. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 958 W. Franklin St. USA burial-transit 11, MARITAL STATUS
1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 □ YES 2 □ NO Specify: 14. RACE — American Indian, Black, White, etc. Spoth A C K BY 3 Widowed 4 Divorced as the ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highe ò Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Laborer detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Mary 2 Ħ Joseph White BE page 5 should notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary White 4743 Park Hgts. Ave. Balto., Md. 21215 pe 20a. METHOD OF DISPOSITION
1√7 Buriel 2 Cremetion 3 □ Removal from \$1abo
4 □ Donation 6 □ Other (Specify) 200 PLACE AND PATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, Balto, Md. 7/15 rematori 22. NAME AND ADDRESS OF FACILITY William C. Brown Comm. 21. SIGNATURE OF FUNEBAL SERVICE LICENSES examiner 1206 W. North Ave. Duen In by the removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line Interval Between 0 filled Onset and Death IMMEDIATE CAUSE (Final the cremation, casdivascular & diseese or condition DUE TO (DR AS A CONSEQUENCE OF): lhonz completely event, resulting in death) executed prior to burial, traumatic CERTIFICATION and Sequentially list conditions, Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to requires that the death certificate be other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part t. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by t Health and AWAILABLE PRIOR TO any COMPLETION DF CAUSE OF DEATH? 1 TYES 2 NO Shows s certificate has been sign the State Dept. of H. 1 YES 2 NO BY PHYSICIAN: AW. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The OTHER: TY YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA HOSPITAL OR ATTENDING PHYSICIAN: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH fmarled, 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 1 Natural 1 YES 2 NO Direction dead 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
1 Chack and Chack and CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho 2 of MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE **№**7-10-1993 O.C.M.E 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 LE DENSTHAN'S SIGNATURE JUL 1 9 10

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		1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)	THOMAS ATAS	RYJKITT	IAMS J	R. J	UMPHINE J3, M	3199134	3. TIME OF DEATH
		2012 8 7 3 13	1 M 2 D F / 15	45 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.			RTHPLACE (State or Foreign unity) Maryland
	DIRECTOR	90. FACILITY NAME (Military give) 00d Samaritan   RESIDENCE OF DECEDENT			Baltim	Ore	ATH	9c, COUNTY O	F DEATH
	EG EG	10a. STATE 10b. COUNT	r <b>Y</b>	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
,		Maryland		Bal	timore				1 A YES 2 NO
	FUNERAL	108 N Washingto	on Stroot		101.	21231		11.10	DE WHAT COUNTRY?
	S	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. R	S . A .
	B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D			2 A NO Specify	n, Puerto Rican, etc.)	S	pochBlack
	TED	15. DECEDENT'S EDI (Specify only highest grad	le completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mos		16b. KIND OF BUS	SINESS/INDUSTR	Y
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Laborer	remod.)		Constr	uction	2 Co
once.	Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden		1 00.
16 H	BE	Frank Williams					a Green		
notified	5	190. INFORMANT'S NAME (Type/Print) Bernadette Will	liams				Street,		, MD 21231
must be		20e. METHOD OF DISPOSITION 1 \$\overline{\text{T}}\$ Buriel 2 \$\overline{\text{Cremetion}}\$ Cher (Specify)	noval from State	D. PLACE AND DATE OF MELETY OF OTHER	disposition (Ne	t Cem.	7/19 Gar	rison.	
ıı. examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE O	Yno /	Mars	hall W.	Jones, Jr	. Fune	eral Hm PA
or removal.		23. PART I. Enter the diseases, or	Balto	MD 21229					
or remova	- 1	23. PART L Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death							
I, cremation, event, the		disease or condition a. METABOLIC ACLOUSIS							
al, cre			DUE TO (OR AS	A CONSEQUENCE OF)					
nd Mental Hygiene prior to burial, cremation, Injury, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, If any, leading to immediate  b. UKEMIA  DUE TO (OR AS A CONSEQUENCE OF):							
prior trau	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	. RENAL	FAILURI					
other o	TIE	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
Injury, or			d. TILL	· · · · · · · · · · · · · · · · · · ·					
eny Inju	SAL	PART II. Other significent condition	ns contributing to death b	but not resulting in	the underlying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
WS OF	EDIC						1 YES 2	N NO	OF DEATH?
the State Dept. of Health a	AN: M								1 TES 2 NO
State De	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ock only one)		
the St	HYSICI	1 TYES 2, NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out	patient 3 DOA	I ☐ Nursing Home	5 Residence			
merked	BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJU	M 1 V	RK? 'ES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	
after d	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, str	eet, factory, office		281. LOCATION (Street e City or Town, State)	and Number or Ru	rel Route Number,
2 =	COMPLE		SICIAN: To the best of my know ER: On the beste of examination						se(e) end manner es stated.
be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE HARVES U. NAZ	new Ren	ident-P63	-	29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)
	4	SABRIEL U. NAZ	HO COMPLETED CAUSE OF DE			P. 5601 L	RAVEN BY	O, BAL	TIMULE MO
	1	31. DATE FILED (Month, Day, Year)	Fiche Develor	Bylane.					
/			7						DHMH-18 Rev 1/89

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should left within 7.7 fours after death with the State Degr. of Health and Marial Hygines prior to burial, certainly or returned. The market of the transfer of the transfe

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH DAY YEAR  3. TIME OF DEATH MONTH TO A SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  7. A SOCIAL SECURITY NUMBER  1. LO M							
	220 0577 1 M 2 F 80 YRS. Solve of Foreign Country)  8. AGE (In yrs. flast birthday) F UNDER 14 HRS. 7. DATE OF BIRTH (Month, Day, Year)  9. BIRTHPLACE (Stete or Foreign Country)  1 M 2 F 80 YRS. Solve of Foreign Country)  9. BIRTHPLACE (Stete or Foreign Country)  1 M 2 F 80 YRS. Solve of Foreign Country)							
TOR	98. FACILITY NAME (If not institution, give airest and number)  OHURCH HOSPITAL BALTIMORE  PESIDENCE OF DECEDENT  96. COUNTY OF DEATH  ORE							
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  1 Undalk 1 VES 2 NO							
FUNERAL	10e. STREET AND NUMBER  7523 Holabird Ave  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?  21222  U.S.A.							
B	11. MARITAL STATUS  1 Never Married 2 Merried  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WNO If YES 2 WNO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Quban, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, 8lack, White, etc.  15. YES 2 NO Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY							
OMP G	9th Mechanic  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)							
111	Stanislaw Wisniewski Mariahna Balcerek							
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  1750 Ellinwood Rd. Baltimore Md. 21237							
must be	20a_METHOD OF DISPOSITION 1							
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  Connelly Funeral Home Of Dundalk  7.110 Sollers Pt. Rd. Dundalk 21222							
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Dasth of the provided interval Between O							
ب ا	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
AN: MEDICA	PERFORMED?  1 YES 2 NO  AMARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 4. OTHER:							
IS I	1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
BY P	1   Netural   5   Pending							
E C	3 Suicide 6 Could not be detargated  26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner ea stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
8 8	296. SIGNATURE AND TITLE OF CERTIFIER  29d. DATE SIGNED (Month, Day, Year)							
1	30. NAME AND ADDRIES OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N: Broadway St (CHURCH HOSPIJAL Balt, more, Ma. 21231							
5	314 PUTE FILED (Myning 993) July Districtions 1911 1912.							

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THE HOSPITAL DR ALLENDING PHYS	FUNERAL DIRECTOR: After this	be filed within 72 hours after death w	IMPORTANT: It item 28 is marked.
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR						HYGIEN REG. NO.	E	0 6	0715
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF			YEAR 3	. TIME OF OEATH
	George G. We								July			193	м.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IF UNDER		IF UNDER 24	4 HRS.	7. DATE OF (Month, D	lay, Year)		a. BIRTHPL Country)	ACE (State or Foreign
	212903-8746	1 X M 2 🗆 F	85	YRS.		7.5		16	Dot.	7,19			Maryland
N N	96. FACILITY NAME (If not Institution, give si Meridian N.H.	reet and number)				, town on Dund	LOCATION alk	OF DE	EATH		- 1	alti	more ·
ן ל	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	,		T	Y. TOWN O								
DIRECTOR	Md.	Baltim	ore	10c. CI1		ndal							Od. INSIDE CITY LIMITS?
FUNERAL	1737 Leslie Rd						ZIP CODE 2122	22				S.A	AT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	11	f yes, spec		Maxica	NC ORIGIN? (		or No-	Black, \	- American Indian, White, etc.
BY	3 Widowed 4 Divorced					1 169 2	PONO	apacity				Specify:	White
	15. DECEDENT'S EQUE (Specify only highest grade		16e. D	ECEOENT'S Give kind of to b. Do NOT us	USUAL OC	CUPATION during most	of working		16b, KI	NO OF BUS	SINESS/IN	OUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 a	1)	hoto									
COMPLET	17. FATHER'S NAME (First, Middle, Last)				2115			R'S NAI	ME (First, Mide	die Maiden	Sumamal		
BE C	John Weber								WE (1 1101, 1170)	zie, in electr	Surrenney		
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street and	d Number o	r Rural F	Route Number,	City or Tow	n, State, Zij	p Code)	
-	John Weber		1	737	Les]	lie	Rd.	Ва	ltimo	re,	Mar	ylan	21222
	26s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cr	AND DATE Of the mattery, or o	of DISPOSI	ITION (Name	eof		7/17		CATION —	awn	, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	00		22.1	NAME AND	ADDRESS			1.			
	· Colt. (	MA	e XVI	1	G C	nne	lly Soll	Ful	neral s Pt	Hot	ne o	f Dur	ndalk < 21222
	23. PART I. Enter the diseases, or o	omplications the	t caused tha	ath. Do r	not anter	the mode	a of dying	g, aucl	h aa cardiad	or reapi	ratory ar	rest,	Approximate
	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition		oma of		oid C	olon							Interval Between Onset and Death
- 1	reaulting in death)	a	(OR AS A CONSE	-									
z		Metast	tasis to	Bra	in								İ
HILLAHON	Sequentially list conditions, if any, landing to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
<u>5</u>	Choose (Disease of Injury	C	(OD 10 1 00)										
	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSE	OUENCE OF	r):								
3		d											1-
¥	PART ii. Other significant condition	a contributing to	death but not	reaulting	in tha un-	darlying	cauaa giv	ven in	Part I. 24	e. WAS AN		R	ERE AUTOPSY FINDINGS WILABLE PRIOR TO
MEDICAL									— I 1	YES 2	NO		OMPLETION OF CAUSE F DEATH?
					-				- 1			1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   No   No   No   No    1   YES 2   NO   No   No   No    1   YES 2   NO   No   No   No    1   No   No   No   No   No    1   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No   No    4   No   No   No   No   No    4   No   No   No   No   No    4   No   No   No   No   No    4   No   No   No   No   No    4   No   No   No   No    4   No   No   No   No   No    4   No   No   No   No    4   No   No   No   No    4   No   No   No   No    4   No   No   No   No    4   No   No   No   No    4   No   No   No   No    4   No   No   No   No    4   No   No   No   No    4   No   No   No   No    4   No													
E	27. MANNER OF DEATH	26a. DATE OF (Month, D		26b. TIM	X -	28c. INJUR	TA YE		28d. DESCR		NJURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation		-,,,		М		S 2 🗌 I	NO					
בח	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica bullding, etc. (Specify) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)									te Number,			
4	29e. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge d	eath occum	ad at the th	ma deta e	ed place o	ad due					
COMPLE	(Check only one) 2 MEDICAL EXAMINE												nd manner as stated.
	296. TOPATORE AND TITLE OF CERTIFIED	- B				13	29c. LICEN						Ionth, Day, Ybar)
3	Harmon	Demo (Z	Attendir	ng Phy	ysici	lan)		416				7/15/9	
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)					13 0		,,	
Ì	Harjit Singh, M.	.D. 541	10-A Rit	cnie	High	iway	RaT.	TIM	ore, M	ia. 2	1225		

DHMH-16 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach:		IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR A	DIREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
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HOSP	UNE	VICTUR	ANT
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1. DECEDENT'S NAME (First, Middle, Las						2. DATE OF DEATH	AY YE	3. TIME OF DEATH		
Ida (d	Ida Catherine Winkler						07 16 93			
4. SOCIAL SECURITY NUMBER 217–22–3699	5. SEX	8. AGE (In yrs. lest bir	thday) IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)		
90. FACILITY NAME (If not institution, give	70	00		TOWN (	OR LOCATION OF DE	07 09 0	19c. COUNTY	//ICLo		
326 South Oldha RESIDENCE OF DECEDENT 100. STATE 10b. COUN				_	more		Sc. COOKITY	OF DEATH		
10e. STATE 10b. COUN	ITY	1	Oc. CITY, TOWN	OR LOCAT	ION			10d. INSIDE CITY		
Md.			Balti	more	2			LIMITS?		
326 S. Oldham S	treet			10	21224		10g. CITIZEN	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 NO	NO If yes, specify Cuben, Mexicen, Puerto				or No- 14, 1	Black, White, atc.		
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) Collège (1-4 or 5+)	(Give I	DENT'S USUAL C kind of work done NOT use retired.)	during mo		16b. KIND OF BU	SINESS/INDUSTI	₹Y		
5		Ma	sseuse							
17. FATHER'S NAME (First, Middle, Last) Adam Holstein	17. FATHER'S NAME (First, Middle, Last) Adam Holstein Laura Preller									
190. INFORMANT'S NAME (Type/Print) Loretta Huseman	n					Proute Number, City or Tow wrettsvil				
20a. METHOD OF DISPOSITION  1 © Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	20b. PLACE AND	1410 Buckthorn Dr. Jarrettsville, Md. 2108  PLACE AND DATE OF DISPOSITION (Name of large) or of the place)  OST HOLY Redeemer 7-19-93 Balto., Md.					or Town, State		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 HOSK	1024 16	NAME A	D ADDRESS OF FA	CILITY		22/		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   Charles S. Zeiler & Son Inc. East										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificent conditi	ona contributing to d	ulting in the u	ting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 DENO			RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:	ER/Outrettent 2 🗆	OTHE	R:	ACE OF DEATH (Ch					
27. MANNER OF DEATH	28a. OATE OF II	NJURY 2	6b. TIME OF	28c. IN.	URY AT	28d. DESCRIBE HOW INJURY OCCURED				
1 Natural 6 Pending 2 Accident Investigation	(Month, Day	( Year)	INJURY M		RK? (ES 2 NO					
3 Suicide 6 Could not b	28e. PLACE OF	INJURY At home, tc. (Specify)	farm, street, fac	tory, offic		261. LOCATION (Street City or Town, State		ural Route Number,		
2001	/SICIAN: To the best of n							use(s) end manner se stated.		
29b, SIGNATURE AND TITLE OF CERTIF			,,	,	29c, LICENSE NUI					
Son State of Lend Title Of Centre	1				D S 4	276	> 7	S S S S S S S S S S S S S S S S S S S		
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE	OF DEATH (ITEM 2	7) (Type, Print)		R	Atte on	0 2	124		
31. DATE FILEO (Month, Dey, Year)	32 REGISTRAR	S SIGNATURE	(LLE)		10					
JUL 19 199	3	And The Local Division in which the last	and the second second							

80, BALTIMORE, MARYLAND 21215-0020	within yours after death. Page 6 may be retained by the hospital or attending physician,	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit. Pages 1, 2, 3 should effect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL ANCORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The mean the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIENE REG. NO.	30		
	1. DECEDENT'S NAME (First, Middle, Last Louise W	ise ( Louise				2. DATE (	7/09/93	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-30-6797	1 - M 2 X F 8	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Dey, Year) 25/1906	8. Bill Co	RTHPLACE (State or Foreign unitry) MD	
TOR	9a. FACILITY NAME (If not institution, give Residence RESIDENCE OF DECEDENT	street and number)		Baltin	or location of d	MD	9c.	COUNTY O	F DEATH	
DIRECTOR	10a. STATE 10b. CDUN		town or Locat				10d. INSIDE CITY LIMITS? 11/27/YES 2 NO			
FUNERAL	100. STREET AND NUMBER 107 Larne Squar	e		101. ZIP CODE 21225					F WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, spi	ENDENT OF HISPA scify Cuban, Maxie 2 NO Speci	an, Puerto R	(Specify Yes or N	U.S.A  14. RACE — American Indian, Black, White, atc.  Specify: Black		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo-	DN st of working	16b.	KIND OF BUSINES			
MO	17. FATHER'S NAME (First, Middle, Last)			Dabica	18. MOTHER'S N	AME (First M	iddle, Maiden Surna	me)		
	Thomas Surg	eon			Rache		Grayson	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural		-	e, Zip Code)		
2	Rachel Surgeon T	urner Spicer			erson St			2120	_	
	20a. METHOD OF DISPOSITION    Burlal 2   Cremation 3   Rel   Donation 5   Other (Specify)	moval from State 20b.	PLACE AND DATE Of etery, crematory or oth	F DISPOSITION (No		DATE		N — City or	Town, Stata	
.78	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AN	ID ADDRESS OF F	ACILITY				
	· /wret	Ober		Wm.C.	March H	E/H /E	Balto, M	D 21	202	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):									
TION										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other algolificent condition	ona contributing to death be	ut not resulting in	the underlying	cause given in	Part 1.	24a. WAS AN AUTO PERFORMED		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC						_	1   YES 2   N	0	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:										
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (C	heck only one	)			
IYS	1 YES 2 NO	1 □ Inpatient 2 □ ER/Outp			e 5 🗆 Rasidence					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	IRY WO	RK? PES 2 NO	28d. DE\$0	CRIBE HOW INJUR	OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY	— At home, farm, at		-		TIDN (Street and No r Town, State)	imber or Rui	el Route Number,	
COMPLET		SICIAN: To the best of my knowl							e(a) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFI	K 1 1 11	-		29g LICENSE NU	MBER	29d	DATE SIGN	IED (Month, Day, Year)	
38 C	0	World	10		025	13	2 >	7	-75-93	
10	30. NAME AND ADDRESS OF PERSON W ASHOK K. CHATTER				IS ROAD	BLATO	. MD.	212	27	
	JUL 1 9 1993	Julia Devices H								

ASHOK K.

	FOR 1 STATE	STATE OF I	MARYLAND /						MEN	TAL HYGIEN	E	, ,	20310
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, L	Far	nnie Ce		ia W			TH		REG. NO.	NY .	NEAR	3. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs, les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. D/	ATE OF BIRTH	10	a. BIRTH	IPLACE (State or Foreign
_	9a. FACILITY NAME (If not institution,	rive street and number)			9b. CITY	, TOWN C	OR LOCAT	ION OF DE	EATH	4-11-	9c. COL	UNTY OF D	DEATH
TOF	Stella Maris F				Towson						В	altir	nore
DIRECTOR	Maryland 10b. co	10c. CIT	ry, TOWN C			112.1	1				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Harford					. ZIP COD	_			10g. CIT	TIZEN OF V	1 TYES 2 NO
FUNERAL	2646 Bailey 1	12. WAS OECEOEN			13.	WAS OEC	ENDENT	2105 Of HISPAN	HC OR	IGIN? (Specify Yes	or No	USA 14. RACI	E — American Indian
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 XI	¥O		If yes, spe I TES	ecify Cubi 2 X NO	nn, Maxica Specify	n, Pue /:	rio Rican, atc.)		Spec	k, White, etc.
ETE0	15. DECEDENT'S (Specify only highest ( Elementary/Secondary (0-12)		(G	CEDENT'S ive kind of Do NOT u	Work done ( se retired.)	during mo	ON st of worki	ing		16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLET	8th. Grade 17. FATNER'S NAME (First, Middle, Last			Нс	use	wif			Ш		Ноп	ne	
BE CC	Daniel I				18. MOT			rst, Middle, Maiden Elizab		Dis	nev		
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or 1									lumber, City or Town	, State, Zi	ip Code)	
	Marie E. Scully   2646 Bailey Road   Forest Hill, MD 21  20a. METHOD OF OISPOSITION   20b. PLACE AND OATE OF DISPOSITION (Name of cemetary, crematory or other place)   Metro   Crematory, Inc.   7/16   Baltimore, Metro   Crematory, Inc.   Metro										Ctata		
	4 Donation 5 Other (Specify)		Metr	o Cr	22.	NAME AN	ID ADDRE	SS OF FAC	CH ITY				
	George E.	MacNabb	TARE		C:	rema	atic	on S	OC.	iety o	f Mo	l, In	c. D 21228
		or complications tha	t caused the de	sth. Do (	not enter	the mo	de of dy	ing, suct	h es c	esrdiac or reapi	retory sr	reat,	Approximate Interval Between
												Onset and Death	
NOI	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):												
CER	resulting in death) LAST												
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 U YES 2 NO  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											AWAILABLE PRIOR TO COMPLETION OF CAUSE	
N.									_				1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 W NO	HOSPITAL:	ER/Outpatient 3	ПОА	OTHER	R:		EATN (Che		y one) Other (Specify)			
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigati	28a. DATE OF (Month, D.	INJURY	28b. TIM		28c. INJI	URY AT	T	$\Delta$	DESCRIBE NOW IN		CURED	
	3 Suicide 8 Could not 4 Homicide detarmine	28a. PLACE O	F INJURY — At ho atc. (Specify)	me, farm, :	street, facto	ory, office			28f. L	OCATION (Street a City or Town, State)	nd Numbe	or Or Rural F	Route Number,
COMPLETED		NYSICIAN: To the best of an AINER: On the basis of an											) and manner as stated.
TO BE C	296. SION PRYRE AND TITLE OF CERT	In alle	Vare	les	40			2708			29d. DAT	TE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON  Carla S. Alexar					lospi	ice-I	Dular	ney	Valley	Rd.	-Tows	son 21204
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE			-			-				
الــــا	201 1 3 1393	O THE PROPERTY OF	A-Madherine	ø									OHMH-18 Ray 1/89

Daniel Franklin Clarke

Mary Elizabeth Disney

George E. MacNabb

Marie E. Scully 2646 Bailey Road Forest Hill, MD 21050

Metro Crematory, Inc. 7/16 Baltimore, MD 21228

299 mation Society of Md, Inc. 299 Frederick Rd. Balto., MD 21228

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	IU IHE FUNEMAL DIRECTURS. After this certificate has been signed by the aftending prysician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DR. RAUL LOPEZ, M.D.,

31. DATE FILED (Month, Day, Year)
19193

6

											9	3	209	76
	FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR	TMENT ICATE	OF HI	EALTH	AND	MENTA					
	1. OECEDENT'S NAME (First, Middle, Last)		CE	MIIE	ICATE	UF	DEA	IH		REG. NO				
	EMANUEL S.	WILLIA	MC						2. DATE MONTH		AY	YEAR	3. TIME O	F DEATH
		SEX		A					/	1	)	93	4:00	
	A CONTRACTOR OF THE PARTY OF TH	M 2 D F	6. AGE (In yrs. last		IF UNDER	DAYS	HOURS	R 24 HRS.	(Month	OF BIRTH Day, Year)		8. BIRT	THPLACE (Stantry)	ite or Foreign
			78	YRS.						<u>-24-15</u>	5	MAI	RYLANI	)
~	9a. FACILITY NAME (If not institution, give street	t and number)			9b. CITY,	TOWN OF	R LOCAT	ION OF DE	EATH		9c. COU	NTY OF	DEATH	
0	VA MEDICAL CENTER				BA	LTIM	ORE		BALTIMORE					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			100 CIT	V TOWN O	D I OCATU	011							
<u> </u>	MARYLAND		1		BALTIMORE								10d. INSID	E CITY S?
	10e. STREET AND NUMBER			DF	TETTIN									2 NO
A A	2311 FIXEMONT AVENUE											WHAT COUN	TRY?	
BY FUNERAL	1						2121					USA		
5	11. MARITAL STATUS 12		EVER IN U.S. ARM		13. V	AS DECE	NDENT (	OF HISPAN	NIC ORIGIN In, Puerlo R	(Specify Yes	or No-	14. RAC	CE — America ck, White, etc	en Indien,
≥	3 Wildowed 4 Divorced		1	YES :	2 📉 NO	Specify	y:		1	BLA		~		
	15. DECEDENT'S EDUCATI	ION	10.000										ACK	
1 🗒	(Specify only highest grade con	npleted)	(Giv	e kind of v	vork done d	CUPATION uring most	of worki	ng	16b.	KIND OF BUS	SINESS/IND	USTRY		
1 2	Elementary/Secondary (0-12)  College (1-4 or 5 +)  VET ATTENDANT													
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		VE	I AI	TEMP	TAT								
-	CHARLES WILLIAMS									iddle, Malden	Surname)			
H	SOSETHINE (MACK)													
ဥ	19a. INFORMANT'S NAME (Type/Print)								Route Numb	er, City or Town	n, State, Zip	Code)		
	CLINICAL RECORDS VA MEDICAL CENTER, FORT HOWARD, MD. 21052													
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal	from State	20b. PLACE AN			TION (Nam	ne of	- 7	DATE	20c, LO	CATION —	City or T	own, State	
	4 Donation 5 Other (Specify)				Seld	)5	ORE	957	17/	1 6	roma	- M	110-	md
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			22. N	AME AND	ADDRE	SS OF FA	CILITY	,	1	74	-42,62	111
	1 12 1	\			14			T		095.		612		1 4
	23. PART I. Enter the diseases or com	plications that	Coursed the dee	th Do s	0	المو		TU	men	XHO	ne	11.2	OH N	cent
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory afrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between													
	IMMEDIATE CAUSE (Final disease or condition	CANTO	מת פוס מינו	ACT.	A (TO)C)									et and Death
	reaulting in death) a		ER OF PF											
		DUE TO (	OR AS A CONSEOU	JENCE OF	7):									
N	Sequentially list conditions,													
Ē	If any, leading to immediate													
CERTIFICATION	CAUSE (Disease or Injury													
E	that initiated events reaulting in death) LAST	DUE TO (	OR AS A CONSEOL	JENCE OF	7):								-	
H	d													
	PART II. Other aignificant conditions co	ontributing to	leath but not re-	sulting i	n the unc	leriving	COURS (	alven in	Part I	24a. WAS AN	ALITODON			
PHYSICIAN: MEDICAL	ARTERIOSCLEROTI					ion y mag	00000	arverr m	rait i.	PERFOR		240	AVAILABLE	
	DEMENTIA	TIMENT D.	DISTASE	1					— 1	1 [] YES 2	XNO	$\mathbf{H}$	DF DEATH?	ON OF CAUSE
Σ	DELINITA								_				1 TYES	2 🗌 NO
Ż												1		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			-		CE OF D	EATH (Che	eck only one	)				
YSI	1 YES 2 NO	Xinpatient 2 -	ER/Outpetient 3	DOA	OTHER:		5 🗌 Re	raldence	a 🗆 Other	(Specify)				
H	27. MANNER OF DEATH	28e. DATE OF I (Month, Day		28b, TIMI		28c. INJUI			28d. DE\$6	RIBE HOW II	JURY OCC	URED		
B	1 Natural 5 Pending 2 Accident Investigation				М	1 YE		] NO				and .		
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hom- tc. (Specify)	e, ferm, a	treet, facto	ry, office			281. LOCA	TION (Street a	nd Number	or Rural	Route Number	۲.
	4 Homicide datarmined		()/						Uny o	Town, State)				
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of n	ny knowledne dest	h occur	d at the st-	a deta -	nd plan	and di	In the se					
M	(Check only one)  2 MEDICAL EXAMINER: O													
8					.,y op		occur	-u =: (INB )	unie, Onte	no piece, an	u aus to th	cause(	e) and manne	er as stated.
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	W.	Mun	nu	<b>'</b> )	1	29c. LICE	ENSE NUM	1BER 5232	, 7		-	D (Month, Day	Year)
5		100	,	-			D	- 13	1720		> /	', /5	1,93	
	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)									

, VA MEDICAL CENTER, FORT HOWARD,

32. REGISTRAR'S SIGNATURE

12. Jan doon - Mandall.

MD. 21052

ian.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pernal minimal pernal	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	the burial	
al or atten	for use as	
the hospit	detached	once.
stained by	should be	tiffed at
may be re	or, page 5	ust be no
h. Page 6	eral direct	niner m
s after deat	by the fun	dical exam
n 24 hour	afion or p	the me
cuted withi	d complete	ilc event,
ate be exe	ysician an	r traumai
ath certific	ttending pl	or othe
that the de	d by the a	my Injury
requires 1	been signe	shows a
N: The law	State has	Item 23
PHYSICIA	this certif	arked, or
NITENDING	STOR: After	28 Is mi
PITAL OR A	RAL DIREC	f. If Item
THE HOS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first within 20 hours after death with the State Dent of Health and Martal Minima India Commission, or comment	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	22	3 3

93	20	19	7	7
_				- 4

	1 - FOR STATE REGISTRAR	TE OF MARYLAND		MENT OF H		MENTAL HYGIEN	E 9	3 20911		
- 8	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	IFSTER R WEITZE	LESTER	R. WEI	rzel, J	R.	07 16	799:			
8	4. SOCIAL SECURITY NUMBER 5. SEX	37.13.2	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month_Day, Year)	BIRTHPLACE (State or Fore Country)			
	220 20 7020	M 2 🗆 F 71	YRS.			April 21,1		Maryland		
æ	as. FACILITY NAME (If not institution, give street and Greater Baltimore)				PR LOCATION OF DI	EATH	9c. COUNTY			
유	RESIDENCE OF DECEDENT	Medical Cent	er	Tows	son	Balt	imore			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	10d. INSIDE CITY LIMITS?						
	Maryland Baltimo:	re	TOT	vson			1 TYES 2 HO			
<u> </u>	10e. STREET AND NUMBER	- 4		940	. ZIP CODE 21286		11.5	of what country?		
FUNERAL	724 Providence Ro	CLC. IS DECEDENT EVER IN U.S. A	DMED							
	1 Never Married 2 TV Married FO	RCES? 1 YYES THE		If yes, sp	eNDENT OF HISPAI Porty Cuban, Mexica 2 IX NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)		Black, White, etc. Specify: White		
à	3 Widowed 4 Divorced		WW11	I [] TES	Z [X] NO Specif	y.		Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed) ((	3ive kind of work	UAL OCCUPATION	ON st of working	186. KIND OF BUS	INESS/INDUSTI	TY .		
١٣	Elementary/Secondary (0-12) College	pe (1-4 or 5+)	ality (		Supervi	isor-Cataly	ret Res	earch Corp.		
N N	17. FATHER'S NAME (First, Middle, Last)	24	arrey	CONTELOI	_	ME (First, Middle, Maiden		earch corp.		
	Lester R. Weitz	el, Sr.			Anna	E. Glover				
BE	19a. INFORMANT'S NAME (Type/Print)		Pb. MAILING AD	DRESS (Street a	nd Number or Rural :	Route Number, City or Town	n, State, Zip Code	b)		
임	Ruth Carol Weitzel		724 Pi	rovider	ce Road	Towson, M	id. 212	86		
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Removal from			ISPOSITION (Na		_1_	CATION - City of			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Hill	top Sei	vice (			son, M	aryland 21204		
	→ Wallace S	Rinke	0		TOWSON F	cunv Funeral Hom	e. Inc			
		/ 1	91.	1050	York Roa	ad. Towson.	Md. 2			
	23. PART I. Enter the diseases, or complic ahock, or heart fallure. List on	ations that caused the di ly one cause on each lin	eath. Do not	enter the mo	de of dylng, suc	h as cardiac or respi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Pa 1.		0010				Onset and Death		
	resulting in death) e	DUE TO JOR AS A CONSE	QUENCE OF):	gine	21					
z	_ b	Conces	tre	Lee	s la	chire				
CATIO	Sequentielly list conditions, If any, leading to immediate	DUE'TO (OR AS A CONSE	QUENCE OF):	7	. ) /	0				
2	CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	CUIENCE OF:	orle	Value	Reguy	felin			
RTIF	that initiated eventa resulting in death) LAST	30E 10 (011 N3 N 00113E	doction or).			0.000				
S	DAGT II Other plantificant and distance	Ab of a second								
<b>8</b>	PART II. Other aignificant conditions contr	Touting to death but not		he underlying	cause given in	Part i. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC	Boson	may free	use,	ralle	my ser al	1 🗆 YES 2	□ <del>N</del> O	OMPLETION OF CAUSE OF DEATH?		
Σ.	100ml Cu	ex fees	Cure			-		1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ack only one)				
		PITAL: patient 2 ER/Outpatient :		THER:  Nursing Hom	e 5 Residence	8 Other (Specify)				
H		Bs. DATE OF INJURY (Month, Day, Year)	286. TIME OF		URY AT RK?	28d. DESCRIBE HOW II	JURY OCCURE	0		
à	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 1						
	3 Suicide 8 Could not be 4 Homicide determined	Se. PLACE OF INJURY At he building, atc. (Specify)	ome, farm, stree	rt, factory, office	•	281. LOCATION (Street s City or Town, State)	nd Number or Ru	iral Route Number,		
COMPLETED	29a. CERTIFIER			15 2 2 2 3 15			and the second			
MP	(Check only 1 CERTIFYING PHYSICIAN: To One) 2 MEDICAL EXAMINER: On the							se(s) and manner so stated		
	29b. SIGNATURE AND TITLES OFFICERTIPHEM				29c, LICENSE NUI			NED (Month, Day, Year)		
BE	M. alilla	- , M.D		200	TOW ENGINEE MUI			16.93.		
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITE	M 27) (Type, Pris	nt)			1 (			
	HUILHAN,	M. 1	1.D.							
8	,	REGISTRAR'S SIGNATURE								
$\preceq$	111 1 9 1993 94	ia Davidson-Rand	ull !							

1 - STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPAR					MEN	TAL HYGIEN	E	3	20978	
1. DECEDENT'S NAME (First,	Middle, Last)								2.1	DATE OF DEATH			3. TIME OF DEATN	
		Many	Toba	nna Z	ich					ONTH D		YEAR		
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	R 1 YEAR	JE UNDE	R 24 HRS.	7.0	7-/6-/993 ATE OF BIRTH  8. BIRTHPLACE (State or Foreign				
212-05-99	05/	1 M 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	1.0	Month, Dev. Year)	00	Count	(TY)	
9a. FACILITY NAME (If not in			0)		01.000				1, ,	7-15-19			aryland	
					96. CITY	r, town c	OR LOCAT	ION OF D	EATH		9c. COUN	ITY OF D	HTAS	
<u>Castpoint</u>	Nurs	ing Hom	e			Ba	Lti	more	2		Ba	1+;	mone	
10a, STATE	10b. COUNTY			10c CIT	Y, TOWN C	OR LOCAT	ION							
Md.				100.01									10d, INSIDE CITY LIMITS?	
11 α . 10e. STREET AND NUMBER					<i>B</i>		imo						1 X YES 2 NO	
	0.0	6				101	. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?	
2334 Jes	Lers				2	1205	-			11.5	i A			
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13.	WAS DEC	ENDENT	OF HISPAI	NIC OI	RIGIN? (Specify Yes	or No-	14. RAC	E — American Indian,	
1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE V						an, Maxica Specifi		erto Rican, etc.)		Spec	k, White, etc.	
3 Middined 4 Divol	rcea						~					.,,,,,	White	
15. DECI (Specify only	EDENT'S EDUC highest grade	ATION completed)	16	Ba. DECEDENT'S	USUAL O	CCUPATIO	ON			16b. KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-		College (1-4 or 5	+)	(Give kind of a life. Do NOT us			St OF WORK	ng	- 1					
9th				Seams	tre.	11			- 1	Tail	onin	0		
17. FATNER'S NAME (First, Mi	iddle, Last)						18. MOT	NER'S NA	ME /E	irst, Middle, Maiden		4		
Frank Spa	cah													
19a. INFORMANT'S NAME (7)				T 401 144 114				Joh	an	na Tro	ch			
Mrs. Marie		leber		2334						Number, City or Town		,	205	
20a. METHOD OF DISPOSITION 1 □XBurial 2 □ Cremation		val from State	20b. PL	ACE AND DATE	OF DISPOS	ITION (Na	me of			Balto. DATE 20c, LO	CATION — C	City or To	own, State	
4 Donation 5 Dother	(Specify)			iemian	Na.	tion	201	Com	. 7	119 Ra	1+0	MA		
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22.	NAME AN	D ADDRE	SS OF FA	CILITY	1/19 Ba		, 1.111	•	
23. PART I. Enter the di-	. 8	meth.			1	Hari 7527	tley Ha	. Mi	LL	er Fund	eral	HOM	me d 2/22/4	
23. PART II. Enter the di-	seases, or c	omplications the	t caused th	ne death. Do r	not enter	the mo	de of dy	ing, suc	h ss	cardlec or respi	ratory sm	et,	Approximate	
IMMEDIATE CAUSE (Fin	are rondre, a	rat only one can												
	al	-A	-	28 1	4					2 0				
disesse or condition	al	arter	wse	28 1	4					an Dis			Onset and Death	
	al →	arter	inse	lente	i Co					an Dis				
disesse or condition	* ·	arter	inse	28 1	i Co					an Dis			Onset and Death	
disesse or condition resulting in death)  Sequentially list condition	one,	Arter DUE TO	(OR AS A CO	CHEST ON SEQUENCE OF	E C					an Dis			Onset and Death	
disesse or condition resulting in death)  Sequentielly list condition if any, leading to immed	one, flate	Arter DUE TO	(OR AS A CO	lente	E C					on Dis			Onset and Death	
disesse or condition resulting in death)  Sequentielly list condition if any, leading to immediates. Enter UNDERLYII CAUSE (Disease or injure)	one, flate	DUE TO	(OR AS A CO	DISEQUENCE OF	FI:					an Dis			Onset and Death	
disesse or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events	one, flate NG	DUE TO	(OR AS A CO	CHEST ON SEQUENCE OF	FI:					Par Dis			Onset and Death	
disesse or condition resulting in death)  Sequentielly list condition if any, leading to immediates. Enter UNDERLYII CAUSE (Disease or injure)	one, flate NG	DUE TO	(OR AS A CO	DISEQUENCE OF	FI:					Par Dis			Onset and Death	
disesse or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST	one, flate NG ry	DUE TO	(OR AS A CO	ONSEQUENCE OF	FI:	erd	lat	Vesc	rol		las	i	year	
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disesse or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST	one, flate NG conditions	DUE TO  DUE TO	(OR AS A CO	ONSEQUENCE OF	FI:	erd	lat	Vesc	rol	i. 24a. WAS AN PERFOR	AUTOPSY MEO?	i	Onset and Death  July 2002  WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH?	
disesse or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST	one, flate NG conditions	DUE TO  DUE TO	(OR AS A CO	ONSEQUENCE OF	FI:	erd	lat	Vesc	rol	i. 24a. WAS AN PERFOR	AUTOPSY MEO?	i	Onset and Death  JUNE 10  WERE AUTOPSY FINDINGS  AMALABLE PRIOR TO  COMPLETION OF CAUSE	
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disesse or condition resulting in death)  Sequentielly list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST  PART II. Other significant cause in the significant cau	one, flate NG of the conditions of the condition	DUE TO  DUE TO  DUE TO  OUE TO  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to	(OR AS A CO (OR AS A CO (OR AS A CO death but I DER/Outpatie INJURY my, Year)  F INJURY— atc. (Specify)	ONSEQUENCE OF ON	F):  F):  OTHER  4 Mun  E OF  URY  M  street, factor	aderiving  28. PL  28. INJI  WO ory, office	ACE OF D  a 5 Review AT RK7  ES 2 and place	given in	Part  Beck on  G G G  28d.	i. 24a. WAS AN PERFOR 1 YES 2  If y one)  Other (Specify)  DESCRIBE NOW IN City or Town, State)	AUTOPSY MED? NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b URED or Rural F	Onset and Death  WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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disesse or condition resulting in death)  Sequentielly list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST  PART II. Other significant cause. Examiner?  1	one, flate NG of the Conditions of the Condition	DUE TO  DUE TO  DUE TO  DUE TO  CONTRIBUTING TO  CONTRIBUTING TO  28a. DATE OF (Month, D)  28a. PLACE O building,  IAN: To the beat of at	(OR AS A CO (OR AS A CO (OR AS A CO death but in the control of th	ONSEQUENCE OF ON	OTHERS	28c. INJI WOOT, office	ACE OF D  a 5 Reuse g  Bright AT  RK7  ES 2 and place eath occur  29c. LICE	given in self-dense in the sel	Part  eck on  to the time,  ABER	i. 24a. WAS AN PERFOR 1 YES 2  Thy one)  Other (Specify)  DESCRIBE NOW IN City or Yown, State)  a cause(a) and man data and place, and	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b URED Or Rural F	Onset and Death  WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Poute Number,	
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Mont th, Day, Year) 9 1993

32. REGISTRAR'S SIGNATURE

2

	Pages	
	permit.	
es that the death certificate be executed with chours after death. Page 6 may be retained by the hospital or attending physician.	gned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages alth and Mental Hygiene prior to burial, cremation, or removal.	
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cobe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR		ARYLAND / DI	EPARTMEN TIFICAT			MENTAI	L HYGIEN	_	3	20979
1. DECEDENT'S NAME (First, Middle, Last) COREY	Sean	ean						). MY 190	YEAR	3. TIME OF DEATH  3:45 A M
4. SOCIAL SECURITY NUMBER	5. SEX (	S. AGE (In yrs. lest bir		R 1 YEAR	IF UNDER 24 HRS.		13 OF BIRTH	19.	S. BIRTHP	LACE (State or Foreign
219-11-1668	1 M 2 F	24	YRS. MONTHS		HOURS MIN.	2/	14/6		Jan TY OF DE	naica
3320 TOLEDO P					SVILLE	LAIR			INCE	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Prince G		Oc. CITY, TOWN		Hyattsv	ille			1	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Timee a	corges	/		, ZIP CODE	_		10e. CITI2		1 YES 2 NO
3320 Toleda Pl	3.0.0				20782					
11. MARITAL STATUS  1 X Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT	YES 2 NO	13	if yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2 NO Specific	ın, Puerto I	? (Specify Ye Rican, etc.)		Specify	- American Indian, Whita, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give I	DENT'S USUAL ( dind of work done NOT use retired.	during mo	ON ist of working	16b.		S WES		
17. FATHER'S NAME (First, Middle, Lest)				1	18. MOTHER'S NA	ME (First, A	Aiddle, Malder	Sumame)		
Randolph Atl	kins				Car	men	Edwa	rds		
19a. INFORMANT'S NAME (Type/Print)		19b, M	AILING ADDRES	S (Street a	and Number or Rural	Route Numb	oer, City or Tov	vn. State, Zip	Code)	
CLAUDE & JOYCE T	OPPIN	P.	O. BOX	N 7	206/NASS	AU, E	BAHAMA	S		
20a. METHOD OF DISPOSITION  1 Burlel 2X XCremetion 3 Rem 4 Donation 5 Other (Specify)	novel from State	20b. PLACE AND				DAT		altin		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Leon,		Wm. 1101	C. Mar E. No		uner Ave.		ome Ito,	Md 2120
23. PART i. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Conty ona cause	caused the death e on each line. Con as a conseque	wow	or the mo	ode of dying, suc	en ss card	liac or resp	piretory sm	eat,	Approximata interval Between Onset and Death
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONSEQUE								
PART II. Other significant condition	dns contributing to d	eath but not reau	ilting in the u	Inderivin	o cause given in	Part i.	24s. WAS AF	N ALITOPSY	24b.	WERE AUTOPSY FINDINGS
							YES	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1N2 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL:		ОТНЕ	R:	LACE OF DEATH (CA					
27. MANNER OF DEATH	1 Inpatient 2 I		Bb. TIME OF	28c. IN.	Ne 5 AResidence		r (Specify) CRIBE HOW	IN HIEN OCC	HOED	
1 Netural 5 Pending	(Month, Pay		INJURY M	WC	PRK?	Zed. DES	TIL N	INJUNT GCC	CL	A
2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF building, el	INJURY — At home, ic. (Specify)	Al home, farm, street, factory, office				281. LOCATION (Street and Number or Rupal Route Number, City or Town Poste)			
29e. CERTIFIER (Check only one) 2 M MEDICAL EXAMINI	ICIAN: To the best of m						ise(a) and ma	nner as state		and manner as stated.

29c. LICENSE NUMBER

O.C.M.E

Penn Street, Baltimore, Maryland

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111



29d. DATE SIGNED (Month, Day, Year) ▶07-13-1993

blh

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR //23. STATE REGISTRAR		STATE OF N				F DEAT		MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, I	Aiddle, Last)							2. DATE OF DEATH	Y YEAF	3. TIME OF DEATN	
Nurudeen			Abar					07 14	1993		
4. SOCIAL SECURITY NUMBE 212-80-7541	R	5. SEX 1 M 2 F	6. AGE (In yrs. les		IF UNDER 1 YEA MONTHS DAY		MIN,	7. DATE OF BIRTN (Month, Day, Year) 6/5/50	8, Bif Cod	Africa	
9a. FACILITY NAME (If not inst	itution, give at	reet and number)			9b. CITY, TOW	N OR LOCATIO	N OF DE	ATN	9c. COUNTY OF	DEATN	
1400 Chen	rryhi	11 Road			Bal	timor	e_			The least	
	10b. COUNTY			10c. CITY, Balt	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO		
1400 Cherryhil	Road			HE		101. ZIP CODE 21234			109. CITIZEN O	F WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 N N 3 Widowed 4 Divorce	MED	If yes,		, Maxica	HC ORIGIN? (Specify Yes n, Puerlo Rican, etc.)	B1	ACE — American Indian, ack, White, etc. Pecify: Black				
15. DECE (Specify only)	DENT'S EDUC		16a. DE	CEDENT'S U	ISUAL OCCUP	ATION most of working		16b. KIND OF BUS	SINESS/INDUSTRY		
Elementary/Secondary (0-1		College (1-4 or 5 -	·) Iffo.	Self- E	mployed	most of working				2	
17. FATNER'S NAME (First, Mid Allhaja Abar								ME (First, Middle, Maiden Falikat pe	sumama) elewura		
Boonyamin S.	Animash	nawn	191	643 St	ADDRESS (Street)	St. B	alto	, Md 21202	n, State, Zip Code)		
20q. METHOD OF DISPOSITIO 1 & Buriel 2 Cremation 4 Donation 8 D Other (5	3 L Rame	oval from State	20b. PLACE	AND DATE OF	FDISPOSITION	(Name of ark		7/19/93 20c. K	anda Nisto	Town, Siete	
21. SIGNATURE OF FUNERAL	tá.	ENSEE	(31)			ch F/H-		4300 Waba	sh Ave		
23. PART i. Enter the disabook, or had iMMEDIATE CAUSE (Fine disease or condition resulting in death)	art failure. I	ACUTE	ise on aech lina	ı. IC II	NTOXI			h aa cardlac or reepl	ratory erreet,	Approximete interval Between Onset and Daath	
Sequantially list condition if any, landing to immediate. Enter UNDERLYIN	ate	DUE TO	(OR AS A CONSEC	OUENCE OF)	):						
CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSEC	OUENCE OF)	):						
PART ii. Other eignifican	t condition	e contributing to	death but not r	reaulting in	the undarly	ying ceuse g	lven in	Part i. 24a. WAS AN PERFOR	MED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				PLACE OF DE	ATH (Ch	eck only one)			
TY YES 2 NO		1 Inputient 2		DOA		iome 8 🗆 Res	idence			of business	
27. MANNER OF DEATN  1 Natural 2 Accident	ending vestigation	28a. DATE OF (Month, D	lay, walt) U N I	7 : 3 C	7111	INJURY AT WORK?	NO	SUBJECT		RUGS	
3 Suicide 8 C	ould not be stermined	building,	FINJURY — At ho etc. (Specify)	FFICE		ffica		281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 40 0 RURAL ROLL NUMBER OF AD. BALTIMORF, MARYIAN			
CONSCIT ONLY		CIAN: To the best of	my knowledge, de	eath occurred	d at the time, o			to the cause(a) and mai	oner an stated.	e(a) and manner sa stated.	
296. SIGNATURE AND TITLE						79c, LICE				ED (Month, Day, Year)	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal. xurs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMN-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, I ast)				2. DATE OF DEATH		3. TIME OF DEATH
BERNARD CORNE	LIUS ALTMAN,	JR.	119/	7 16	1993	7:00 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	a, BIRTH	IPLACE (State or Foreign
, 220-50-2152 / 5	1 XM 2 - F 4	14 / / YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 5 11 194	Countr	• •
9e. FACILITY NAME (If not institution, give			Bb. CITY, TOWN OR LOCATION OF		COUNTY OF D	RYLAND
HARBOR HOSPITÁL			BALTIMORE		NONE	LATII
RESIDENCE OF DECEDENT					HONE	
10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
MARYLAND ANNI	E ARUNDEL	GT	EN BURNIE			LIMITS?  1 YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE	10	a. CITIZEN OF V	WHAT COUNTRY?
6702 RAPID WATER	R WAY, APT.	204	21060		U.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	12 WAS DECEMBENT OF HIGH	ANIC ORIGIN? (Specify Yes or N		
1 Never Merried 2 Married	FORCES? 1 Y YE	S 2 NO	if yes, specify Cuben, Mexi-	cen, Puerlo Rican, etc.)	Black	— American Indian, c, White, etc.
3 Wildowed 4 Divorced	VIETNAM ER		1 TYES 2 NO Spec	otty:	Speci	"Y" WHITE
15. DECEDENT'S EDU	ICATION	18e. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINE	PE/INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	rk done during most of working	FEDERAL GO		יתיאי
12	2 + YEARS	PROGRAM	ANALYSIS			
17. FATHER'S NAME (First, Middle, Last)		TROGRAM		IAME (First, Middle, Maiden Surn		NCIAL ADMIN
BERNARD CORNELIU	JS ALTMAN, S	R.		TERESA THOMAS		TRAT
19e. INFORMANT'S NAME (Type/Print)						
MRS. JUDY ALTMAN	т		DDRESS (Street and Number or Rura			
	·	6702 R	APID WATER WAY	, APT. 204, (	GLEN BU	RNIE,MD.210
20s METHOD OF DISPOSITION 1 B Burlel 2 Cremation 3 Rem	ioval from State	0b. PLACE AND DATE OF emetery, cramatory or other	DISPOSITION / Name of		ON — City or To	
4 Donation 5 Other (Specify)		CEDAR HILL	CEMETERY	1.3.3.3.	KLYN, M	ARYLAND
21. SIGNATURE OF FUNERAL SERVICE LI	ENGELL		22. NAME AND ADDRESS OF F	SINGLETON	I FIINER	AT HOME
· ///	halles		1 SECOND AVE.			
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c.	A CONSEQUENCE OF):	anchogens	E Carceni	me	
resulting in death) LAST	d					
PART ii. Other eignificant condition	is contributing to death	but not resulting in	the underlying ceuse given in	n Part I. 24s, WAS AN AUTO	OPSY 24b.	WERE AUTOPSY FINDINGS
				PERFORMED	?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 TES 2	40	OF DEATH?
				_   `		1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: \/	10	26. PLACE OF DEATH (C	heck only one)		
1 TYES 2 YT NO	1 ☐ Inpatient 2 ☐ ER/O		☐ Nursing Home 5 ☐ Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME (		28d. DESCRIBE HOW INJUR	Y OCCURED	
Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, stre	et, fectory, office	281. LOCATION (Street and N	umber or Rural R	oute Number,
4 Homicide determined				City or Town, State)		
29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kny	wiedge, death occurred	et the time, date and place, and du	a to the council and many	a state d	
			In my opinion, death occured at th			and manner as stated
		A				
296. SIGNATURE AND TITLE OF CERTIFIED	T/ //	0 ()	29c. LICENSE NO	4 4	. DATE SIGNED	(Month, Day, Year)
KOUBEN JI	J1 1000	Menth	1 100	5631	1	116141
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CATHE OF D	HEATH (ITEM 226 (35%), P	int)	•		
31. DATE FILED (Month, Day, Year)	17. REGISTRAR'S BIO	INATURE				
JUL 2 U 1993						



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	100	N. I
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the law requires that the death, P.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.
	O Ti	主道
	E	FA

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF		HEALTH AND F DEATH	MENTA	L HYGIENE REG. NO.	93	3 2098	2
	1. DECEDENT'S NAME (First, Middle, Last) DORIAN	L.		В	ROWN	2. DATE MONT 0 7		9 9		P
	4. SOCIAL SECURITY NUMBER 216 86 5133	1推 M 2 🗆 F	AGE (In yrs. lest birthday) 25 YRS.	IF UNDER 1 YEA MONTHS DAY		(Mont	OF BIRTH th, Day, Year) 3/67	8. E	SIRTHPLACE (State or Fore Country)  N . Y .	sign
O.H	9a. FACILITY NAME (If not institution, give 3200 BLK. WOOD)				N OR LOCATION OF D MORE CI'		9c.	COUNTY	OF DEATH	
DINECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT  MD .	TY		y, town on Lo Baltimo				118	10d. INSIDE CITY LIMITS? 1 # YES 2   N	40
	100. STREET AND NUMBER 1515 Pe	enrose Ave.			101. ZIP CODE 21223	3	10g		OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	rES 2 TNO	If yes,	PECENDENT OF HISPA specify Cuban, Maxic (ES 2 ANO Speci	an, Puerto			RACE — American Indian Black, White, atc. Specify: Afr. Ameri	
COMPLEIED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			usual occup, work done during se retired.)	NTION most of working	168	RoosrtR		RY	
	17. FATHER'S NAME (First, Middle, Last)  Joseph	Brown				The same of	Middle, Malden Surna	rown		
IO DE	19a. INFORMANT'S NAME (Type/Print)  Zena Brown				se Ave. Ba			te, Zip Cod	(e)	
	20a. METHOD OF DISPOSITION 1	movel from State	20b. PLACE AND DATE cometery, crematory or C			/20/9			or Town, Stata 11e, Md.	
	21. SIGNATURE OF EMPERAL SERVICE L	Sel Sel	w	E	AND ADDRESS OF F Step Broth 300 Eutaw	ners	Funeral Balto. M	Home	P.A. 1217	
	23. PART I Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR	on each line.	en:	Head a	-	2		Intervel Ber Onset and	
	PART II. Other algorificant condition	d	th but not resulting	in the underly	ring couse given in	n Part I.	24s. WAS AN AUTO PERFORMED 1 YES 2   N	?	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 N	NUS
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C					_
	1 X YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending	1   Inpatient 2   ER/ 28a. DATE OF INJU (Month, Day, Ye) 7 - 15 - 1	JRY 26b. TIM	E OF 28c.	INJURY AT WORK?  YES 2 NO	28d. DE	SCRIBE HOW INJUR	ALI W OCCURE HOT	d.ded.slx	
	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF IN.	JURY — At home, farm,	street, factory, o		261, LO	CATION (Street and N	umber or R	Rural Route Number, DLAND AVE	
	one)	SICIAN: To the best of my I	knowledge, death occurr	red at the time, o		e to the ca	ruse(a) and manner a	ns stated.		Ī
	296. SIGNATURE AND TITLE OF CERTIFIE  Therefore M				O . C . M.	JMBER .		I. DATE SIG	GNED (Month, Day, Year) - 16 - 1993	
	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE O	6 111 Pe		reet, Ba	altir	more, M	aryl	land 212	0
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
RDS, P.O. BOX 68760, BALT the death certificate be executed within 24 frouts after death.
RDS, P.O. BOX 68 of the death certificate be execu
(c)

	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Ocie	Robe	rta	Peters	В	yrne	S			July 1	B. 199	YEAR	9:40 A M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		-	R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	212-05-018	9	1 M 2 XF	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year April 1		Country	,
	9a. FACILITY NAME (If not in	nstitution, give	street and number)			9b. CITY,	TOWN	OR LOCAT	ION OF DE	EATH		INTY OF DI	
DIRECTOR	Greater Ba		e Medica	1 Center	-	To	owsc	n			F	alti	nore
1 1 1	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY
	MD  10a, STREET AND NUMBER		TIMORE			TIMO							1 YES 2 NO
FUNERAL			ler Road				101	2109	_		1,75	IZEN OF W	HAT COUNTRY?
=	11. MARITAL STATUS	4 CIIIC		IT EVER IN U.S. AF	MED	49.1							
	1 Never Married 2	Merried	FORCES?	YES 2 K	NO	l II	f yea, sp	ecity_Cube	m, Mexica	NIC ORIGIN? (Specify In, Puerto Ricen, etc.)		Black	American Indian,     White, etc.
BY	3 X Widowed 4 Dive	proed	III IES, GIVE	WIN ON OATES		'	☐ YES	2 A NO	Specify	y:		Specif	
COMPLETED	15. OEC	EDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KINO OF	BUSINESS/IN	DUSTRY	te
4	Elementary/Secondary (		College (1-4 or 5		Do NOT u	work done d se retired.)	lunng ma	ist of workii	ng				
MP I	8			T	elep!	hone	0pe	rato	r		& P	Teler	hone
8	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Middle, Maid	-		
BE (		C. Pe	ters						Anni	e Laura I	Seamer		
10	19e. INFORMANT'S NAME (									Route Number, City or		p Code)	
-	Mrs. Patr:		tevenson						imon	ium, MD 2			
	1 A Burlal 2 Cremetic	on 3 🗆 Rem	noval from State	20b. PLACE /	matory or on one of the control of t	of disposi ther place) Valle	TION (Na	em.G	arde	ns 7/21/9	LOCATION -	City or Tov	vn, State
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE MA	1-04	Tan	22. N	JAME AN	ID ADDRE	SS OF FA	CILITY			
	▶ Marti	in D.	Lawson	The order	The state of					ell-Wiede			
	23. PART I. Enter the d	iseesea, Dr	complications the	t coused the de	ath. Do r	not enter	the mo	e Pac	HOILE	a Rd., Tin	onium	, MD	
	anock, or n	eert fellure.	List Dnly Dne ceu	se Dn aech iine		iot olltoi		de bi dy	ing, auci	ii aa cardiec oi ie	opiratory or	reet,	Approximate interval Between
	IMMEDIATE CAUSE (Fig disease or condition	101	(	1		0	1-	. 1					Onset and Death
	resulting in death)		e. DUE TO	(OR AS A CONSE	DUENCE O	F):	170	ca	24				
z			a A	Cette	Men	70	0 :	1 9	. 10	retir			
CERTIFICATION	Sequentielly list condit if any, leading to imme	diate	DUE TO	(OR AS A CONSEC	DUENCE	F):		1 0	7	004			
2	cause. Enter UNDERLY CAUSE (Disease or inju		С.										
🖺	that initiated events reaulting in death) LAS	_	DUE TO	(OR AS A CONSEC	PUENCE OI	F):							
55			d										
	PART ii. Other aignifica	nt condition	e contributing to	death but not r	esulting	in the und	deriying	ceuse	given in		AN AUTOPSY		WERE AUTOPSY FINDINGS
EDICAL											ORMED?	- i	AMILABLE PRIOR TO COMPLETION OF CAUSE
闄											2   110	- 1	OF DEATH?
- T										_			1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO	O MEDICAL					28. PL	ACE OF D	EATH (Che	eck onty one)			
Sic	EXAMINER?  1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Re	sidence	6 Other (Specify)			
PHY	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIM	-	28c. INJ	URY AT		28d. DESCRIBE HO	V INJURY OC	CURED	
ВУ		Pending Investigation	(Month, D	ay, rear)	INJ	M		RK? (ES 2	] NO				
ED B	3 Suicide 6	Could not be	28e. PLACE O	F INJURY — At ho	me, farm, i	treet, fecto	ry, office	,		26f. LOCATION (Stre		or Rural Ro	oute Number,
H	4 Homicide	datermined	10000	otal (opoony)						City or Town, Ste	10)		
7	29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurre	d st the tir	ne, date	end place.	end due	to the ceuse(a) end r	namper ee ste	ted.	
COMPLET													and manner ee stated.
ш	296: SIGNATURE AND TITLE	OF CERTUPIE	1000					29c. LICE	NSE NUM	IBER	29d. DAT	E SIGNED (	Month, Day, Year)
0 8	V DAY	a	well	2				D14	175	4		7.20	
2	30. NAME AND ADDRESS OF												
	Ali Khan	, Suit	e 308, 7	505 <b>0</b> s1e	r Dr	ive,	0'1	ea E	31dg.	, Towson	, MD 2	21204	
12	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE	All-								
1/		A277	Theresand		and the same								

In Ministransit permit, Pages 1, 2, 3 should	
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	ed by the attending physician and completely filled in by the funeral director, page 5 should be detached in sea as the sensit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be disact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MAR			HEALTH AND	MENTAL HYGIENE	93	20984
	1. DECEDENT'S NAME (First, Middle, Lest)	<u> </u>	IOAIL O	DEATH	REG. NO.  2. DATE OF DEATH MONTH  July 17.	1993	S. TIME OF DEATN
	Donald James Bayliss  4. SOCIAL SECURITY NUMBER  5. SEX  213-01-6745	GE (In yrs. lest birthday) 7 Q YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTIN (Month, Day, Year) Jan. 6, 19	8. BIRTHPI Country)	LACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street and number) Howard County General	Hos.	1	N OR LOCATION OF DI	EATH 9c. (	COUNTY OF DEA	ATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		Y, TOWN OR LO	CATION		1	0d. INSIDE CITY LIMITS?
	Md Howard  100. STREET AND NUMBER	I E.	Llicot	t City 101. ZIP CODE		CITIZEN OF WH	TYES 2 THE NO
BY FUNERAL	4669 Ilchester Rd.  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EV FORCES? 1 XX IF YES, GIVE WAR C	ER IN U.S. ARMED /ES 2 NO PRIDATES	If yes,	2.1 (DECENDENT OF HISPAI specify Cuban, Mexica (ES 2 NO Specify	IIC ORIGIN? (Specify Yes or No in, Puerto Rican, etc.)	IIS / 14. RACE - Black, Specify:	- American Indian, White, etc.
APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	Me. Do NOT us	work done during	most of working	16b. KIND OF BUSINESS	S/INDUSTRY	white
COMPL	17. FATNER'S NAME (First, Middle, Lest) George Bayliss			18, MOTHER'S NA	ME (First, Middle, Maiden Surnan	ne)	
10 65	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre		e Baker Route Number, City or Town, State	s, Zip Code)	
The second second	Jennifer B. Lucas  29. METHOD OF DISPOSITION  1XI Burial 2 Cremation 3 Removal from State  4 Denaison 5 Other (Specify)  21. SHONATURE OF PERMAL BERVICE LICENSES	20b. PLACE AND DATE. cometery, cremetory, or o St. Johr	S Ce	metery AND ADDRESS OF EA	OATE 200 LOCATION 7/21 Ellic CULTY 1 Elkridge,	ott Cit	y, Md. 21.
	23. PART I. Enter the diseases, or complications that car shock, or heart felters. List only one ceuse of IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	n each line.				/ arrest,	Approximata interval Between Onset and Death
Senin Ioni Ioni	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	AS A CONSEQUENCE OF	F):				
	PART II. Other algorificent conditions contributing to dea	th but not resulting	In the underly	ring cause given in	Part I. 24s. WAS AN AUTOF PERFORMED?  1 YES 2 YM		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Yinpetient 2 ER/		OTHER: 4 Nursing H	PLACE OF DEATN (Ch	8 Other (Specify)		
EU BY PH	27. MANNER OF DEATN  1 Natural 5 Pending (Month, Day, Ye 2 Accident Investigation 3 Suicide 6 Could not be determined determined	URY — At home, farm,	M 1	INJURY AT WORK?  YES 2 NO	284. DESCRIBE NOW INJURY 281. LOCATION (Street and Nul City or Town, State)		ite Number,
COMPLETE	29a. CERTIFIER (Check only one) 2 MEOICAL EXAMINER: On the best of my k			n, death occured at the	time, data and place, and due	to the cause(a) s	
BE	men Wills	MO		29c. LICENSE NUI		DATE SIGNED (A	Ignth, Day, Year)

JUL 2 0 1993

31. DATE FILEO (Month, Day, Year)

whie buildson-flandell

Hos

Little Pautuxent Pkwy

Howard County Gen
32. REGISTRAR'S SIGNATURE

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DNMN-18 Rev 1/89

21045

760
6876
30X
B
P.O.
σ,
RECORDS
N OF VITAL
DIVISION

ANTONIO

31. DATE FILED (Month, Day, Year)

JUL 2 0 1993

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL MECONDS, P.O. BOX 68/60,

MARTIAL OR ATTENDIA PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The OMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYLAND	/ DEPART	rmen1	r NE A	EAITH AND	MENTA	I HVCIEN	E	20	20303
	1 - STATE REGISTRAR	C	ERTIFI	CATE	OF	DEATH	MILITA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH
	Frank Bonadio						MON		2 /	993	4:02 AH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. Id	//	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	6. BIRTH	PLACE (State or Foreign
	212 10 2774	11 M 2 □ F 89	YRS.	MONTHS	DAYS	HOURS MIN.	3-	n, Day, Year) 19–190	4	Country	w nsylvania
æ	90. FACILITY NAME (If not Institution, give street Union Memorial Ho					or LOCATION OF			9c. COUN	ITY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT					TC CICY					
Ä	10+. STATE 10b. COUNTY		10c. CITY	TOWN C	R LOCA	TION					10d. INSIDE CITY
ā	Md.			Balt	imo	re					LIMITS?
AL	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZ	ZEN OF W	THAT COUNTRY?
FUNERAL	3202 Beverly Ro	ad	_			21214	4		U	.S.A	. •
5	11. MARITAL STATUS  1 Never Merried 2 2 Merried	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X	RMED	13.	WAS DEC	ENDENT OF HISP ecify Cuban, Maxi	ANIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indian, , White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	,		YES	212 NO Spec	cify:	riican, etc.)	- 1	Specif	
B	15. DECEDENT'S EDUCAT		ECEDENT'S L	ISUAL O	CCUPATIO	ON	16	. KIND OF BUS	CINESS (INO	JETOV	WHILE
Б	(Specify only highest grade co-	mpleted) (( College (1-4 or 5+)	Give kind of we e. Do NOT use	ork done (	during mo	st of working	100	A KIND OF BO	SINCSS/IND	USINI	
7	5th Grade		eside	nt			ъ.	1.4~ T-		ATT	O.T.O.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		COLUC			18. MOTHER'S I		ldg. Ti		AFL	-010
0	Felice Bonadio										
띪	19e. INFORMANT'S NAME (Type/Print)	1	DE MAILING	ADDRESS	(Street of	Emili		<u>Forchia</u>		0.41	
9	Carmela M. Bonad					Road Ba					21/
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova	20b. PLACE	ANDDATEO	FDISPOS	ITION (Ne			E 20c. LO			
	4 Donetion 8 Other (Specify)		emetory or oth	er plece)		rark	17_	Tin	noniu	m MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	ney va	22.	NAME AL	morial D ADDRESS OF	FACILITY	6/	15 D		r Road
	* Kathlew m	muchel		Jo	hn (	C. Mille	r, In				Md21206
	23. PART I. Inter the diseasee, or con	npilcations that caused the d	eath. Do no	t entar	the mo	de of dying, su	ich es cer	diac or respi	ratory srre	est,	Approximete
	IMMEDIATE CAUSE (Fine)	t only Dne ceuse Dn each lin	e.								interval Between Onset and Death
	disease or condition resulting in death)	SEPSIS									24/100
	recording in death)	DUE TO (OR AS A CONSE	OUENCE OF)	:							2/1/13
z		HEPATIC	FLICE	-01	010	PATILY					13 DAYS
9	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	:	1-0	17/1-					
8	csuse. Enter UNDERLYING	LIVER F	AK UG	26							13 Dal 5
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE									13.4
CERTIFICATION	resulting in death) LAST			4							
Ö	DADT II Other clouisings and distance										
¥	PART II. Other significent conditions of	contributing to death but not	resulting in	the un	deriyin	g ceuse given i	n Part i.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	ILESTICATOR	27 FAILUR	(-					1   YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Z	6.7 SLEET	>									1 - YES 2 - NO
ÿ											
ਹ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		07115		ACE OF DEATH (C	check only o	ne)			
YS.	1 YES 2 NO 1	Inpatient 2 - ER/Outpatient		OTHER		e 5 🗆 Residence	8 🗆 Othe	or (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28c. INJ WO	URY AT RK?	28d. DE	SCRIBE HOW II	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation			М	-	ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — Al he building, etc. (Specify)	ome, ferm, st	reet, facto	ory, offic	•	281. LOC	ATION (Street a	nd Number	or Rural Ro	oute Number,
	4 Homicide datermined						City	or Town, State)			
7	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To lhe beat of my knowledge, d	eath occurred	at Jhe II	me, date	and place, and 4	in to the co	usals) and m	DAT AC ALCA-	4	
COMPLETED		On the besis of examination end/or									and manner as stated
	29b. SIGNATURE-AND TITLE OF CERTIFIER		-	, •				One prince, etc.			
BE	THE OF CERTIFIER	11				29c LICENSE NI					(Month, Day, Year)
0	Jack for	-ge				AT2438		2	200	164	17.1993

PARKUNY BACAMORE HIS 212

	DOUGLAS	E.		]	BLAC	KWE	LL		2. DATE MONT	OF DEATH D		PAR	7:47 I
	4. SOCIAL SECURITY NUMBER 212–48–2853	5. SEX 1X M 2 F	6. AGE (In yrs. 1	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE (Mont	OF BIRTH		Country)	LACE (State or Foreign
OR	9a. FACILITY NAME (# not institution, gall 1365 N. CALHOU		r				MORI				9c. COUNT	Y OF DE	ATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COL			10c. Cl	TY, TOWN O	OR LOCAT	TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 1365 N. Calhoun S	t.					21217		N		10g. CITIZE	N OF WI	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE 1	NT EVER IN U.S. A 1 V YES 2 WAR OR DATES	ARMED NO	13.	WAS DEC If yes, sp 1 _ YES	ENDENT Coocify Cube	OF HISPAN In, Maxica Specify	IIC ORIGII n, Puerto	N? (Specify Ye Ricen, etc.)	a or No 1	Black,	American Indian, White, etc.
PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12th		12.00	DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO	ON ist of worldi	ng	168	. KIND OF BU	SINESS/INDU		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Stephen G. Blackw	ell					He	11en	Jone				
TO	BrendA holmes				Clif					ber, City or Tow 21216	n, State, Zip C	ode)	
	20a. METHOD OF DISPOSITION 1 🔀 Burlet 2 🗆 Cremation 3 🗆 F 4 🗆 Donation 5 🗀 Other (Specify)	lamoval from State	20b. PLAC	EAND DATE	of DISPOS	SITION LE I	- C	en	1/21	20c, LC	CATION Ran	ndall	stown
	21. SIONATURE OF FUNERAL SERVICE	ELLAN			22.		F/H-		,	Wabash	Ave 21	215	
	IMMEDIATE CAUSE (Finel	00		ne.								et,	
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONS	BEOUENCE C	OF): OF):	lias							Interval Bet
4: MEDICAL CERTIFICATION	Sequentielty list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONS	EEOUENCE C	0F): 0F):				Part I.	24a. WAS AN PERFOI	RMED?	24b. 1	Unterval Bet Onset end in Onset end in Onset end in Onset end in Onset end in Onset end in Onset end in Onset end in Onset end in Onset end in
MEDICAL	resulting in death)  Sequentially list conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions are supported by the conditions of the conditions	b. DUE TO  c. DUE TO  d	O (OR AS A CONS	CLC SEQUENCE C SEQUENCE C T resulting	OTHEL	26. PI	g cause ,	given in	eck only o	PERFOI	RMED?	24b. 1	Unterval Bet Onset end i
MEDICAL	PART II. Other eignificant conditions resulting in death)  25. WAS CASE REFERRED TO MEDICA EXAMINER?  27. MANNER OF DEATH	b. DUE TO  c. DUE TO  d	O (OR AS A CONS O (OR AS A CONS O death but not	EEOUENCE C	OTHEL	26. Pi R: sing Hom 26c. INJ	g cause ,	given in	eck only o	PERFOI 1 XYES	RMED? 2 II NO	24b.	WERE AUTOPSY FINE MARILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignificant conditions cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions are successful to the conditions of t	b. DUE TO c. DUE TO d  HOSPITAL: 1   Inpatient 2   28a, DATE Of (Month, incompanion) 28a, PLACE (be)	O (OR AS A CONS O (OR AS A CONS O death but not	SEQUENCE CO	OFF:  OFF:  In the ur  OTHEL 4 Num  ME OF JURY M	26. Pi R: sing Hom 26c. INJ	g cause of Dan ACE OF D USBY AT AT ARK?	given in	eck only on 8 Other 28d. DE	PERFOI 1 (SCYES :	RMED? 2  NO INJURY OCCU	24b. 1	WERE AUTOPSY FIN AMAILABLE PRIOR TOOMPLETION OF CA
ETED BY PHYSICIAN: MEDICAL	Sequentielty liet conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other eignificant conditions are sequentially in death. Last  25. WAS CASE REFERRED TO MEDICA EXAMINER?  WYES 2 \( \text{NO}\) NO  27. MANNER OF DEATH  Netural 5   Pending Investigati 3   Suicide 6   Could not determine.  29a. CERTIFIER   Check only 1   CERTIFYINO Processions   Certify No Processions   Conditions   Cond	b. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CONS O death but not Death but	SEQUENCE CONSEQUEN	OTHEL  OTHEL  OTHEL  A INDIAN  ME OF  JURY  M  street, fact	26. Pi R: sing Hom 26c. INJ tory, offic	g cause of Danie 5 Danie 5 Danie 7 RK?	given in	8 Other 28d. DE 28t. LOC City	PERFOI 1 (Specify) or (Specify) SCRIBE HOW CATION (Street or fown, State,	INJURY OCCU	24b. 1	WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielty liet conditione, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other eignificant conditions are sequentially in death. Last  25. WAS CASE REFERRED TO MEDICA EXAMINER?  WYES 2 \( \text{NO}\) NO  27. MANNER OF DEATH  Netural 5   Pending Investigati 3   Suicide 6   Could not determine.  29a. CERTIFIER   Check only 1   CERTIFYINO Processions   Certify No Processions   Conditions   Cond	b. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CONS O death but not Death but	SEQUENCE CONSEQUEN	OTHEL  OTHEL  OTHEL  OF JURY  M  street, fact	26. Pi R: sing Hom 26c. INJ tory, offic	G cause of Lace OF D  ACE OF D  B 5 R  URY AT  YES 2 [  and place teath occur	given in	28d. DE 28t. LOC City to the ca	PERFOI 1 (Specify) or (Specify) SCRIBE HOW CATION (Street or fown, State,	RMED? 2  NO INJURY OCCU and Number or	24b. 1	WERE AUTOPSY FINI MARILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO



		1 - STATE REGISTRAR	STATE OF MARY		FICATE O			REG. NO		20	2070
	1	1. DECEDENT'S NAME (First, Middle, Last)	· 7000	1	٢		2. E	ATE OF DEATH	DAY	YEAR	. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	DLAU (	(In yrs. lest pirthday	) IF UNDER 1 YE	AR IF UNDER		ATE OF BIRTH		5 BIRTUR	LACE (State or Foreign
	)(	215 09-5790		S YRS.	MONTHS DA			Worth, Day, Year)	1,7	Country)	YLAND
theuld		9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	WN OR LOCATI	ON OF DEATH	131/	9c. COUN	TY OF DEA	
(Aug)	DIRECTOR	SAINT JUSE	the NOSP	ild	1000	son	MII			BAL	TIMORE
(8.0)	EC	10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LO	CATION				1	0d, INSIDE CITY
~		MI		B	Abten	al					LIMITS?
permit	FUNERAL	10e. STREET AND NUMBER	LN A			10f. ZIP COD			10g. CITIZ		AT COUNTRY?
020 physician. burial-transit	Ä	:6306 Hall	-				212			USA	
020 physician. burial-tran		11, MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes	, specify Cuba	in, Mexican, Pu	RIGIN? (Specify Yearto Rican, etc.)	e or No—	14. RACE - Black,	- American Indian, White, atc.
O g g	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2 💢 NO	Specify:		ĺ	Specify:	WHITE
Se all s	뎶	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT	S USUAL OCCUP f work done during	PATION a most of working	na	16b. KIND OF BU	JSINESS/INDU	ISTRY	
d n	TET I	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)	CLER	use retired.)			COCT	AT CEC	יי ד מיז זי	Y ADMIN.
AND 2 the hospital detached for	COMP	17. FATHER'S NAME (First, Middle, Last)		CLER	IX.	10 MOTO	HEDIO NAME (C	rst, Middle, Maldel		UKII	I ADMIN.
# 2 4 K	_	PHILLIP LEO	FLYNN					NE SPIN			
MARY retained by 5 should by notified a	TO BE	19a. INFORMANT'S NAME (Type/Print)				eet and Number	or Rural Route	Number, City or To	wn, State, Zip (	Code)	
. 8 8 e	F	BOB FOWLER		604	HASTING	S ROAD	, BALT	IMORE,	MD. 2	21286	
		20a. METHOD OF DISPOSITION  1 KBurlal 2 Cremation 3 Rame		b. PLACE AND DATE					OCATION — C		
		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		NEW CATH							ARYLAND
ALTIN death. Pag e funeral dii I. examiner		· 11 /10	1	0				JR. FUN			
		23. PART I. Enter the diseases, or o	complications that have	71				NUE, BA			
hours after ed in by th or remova		snock, or neart fellure.	List only one ceuse on	each line.	not anter tha	moda or dyl	ing, auch aa	cardiac or reap	olratory arre	at,	Approximate Interval Between
n 24 hy fille ation.		IMMEDIATE CAUSE (Finel disease or condition	Chrani	C ROI	$v_1/F$	a.11	168				Onset and Deat
d within ompletely I, cremati	1	resulting in death)	DUE TO (OR AS	A CONSEQUENCE	0F): (	3/10		( ) = 0			
executed and con o burial, matic e	Z	Sequentielly list conditions,	Chronic	Conge		Heal	7 Fa	flure	,		
or t or	CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):			, .			
certificate ding physical syglene principal contract to their the contract to their the contract to their the contract to their the contract to the contract t	FIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								-	
Hygh	ERTIFIC	resulting in death) LAST	i								
HDS, Part the death by the attentand Mental H	O	PART II. Other algnificent condition	contributing to deeth	but not resulting	In the under	vino ceuse o	niven in Part	I. 24e, WAS A	MAINTORCY	I am w	ERE AUTOPSY FINDINGS
CKDS, that the dea ted by the at th and Ment; any Injury,	CAL	DM	_			yang couse s	given ar rart	PERFO	RMED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
requires been signe to death	MEDI							1 U YES	2   NO	٥	F DEATH?
بيو الله ح											_ 120 2 _ 110
VIIAL AN: The lav ifficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	, PLACE OF D	EATH (Check on	ly one)			
5 5 5 0	HYSI	1  YES 2 NO	1 Inpatient 2 ER/Out		4 - Nursing		sidence 8 🗆 (	Other (Specify)			
NG PHYSIC fler this ce eath with t	<u>م</u> ا	1 Netural 5 Pending	(Month, Day, Year)		JURY	INJURY AT WORK?		DESCRIBE HOW	INJURY OCCU	IRED	
WDING T After death	è l	2 Accident Investigation 3 Suicide B Could not be	28a. PLACE OF INJUR	Y — Al home, farm.				LOCATION (Street	and Number o	r Runal Box	the Number
DR ATTEN DIRECTOR: hours after tem 28 k		4 Homicide 8 Could not be	building, atc. (Spi	ecify)				City or Town, State		770707	10110110
E SE SE	COMPLE	29a. CERTIFIER (Check only	CIAN: To the best of my know	wledge, death occur	rred at the time,	date and place.	, and due to the	cause(a) and me	onner es stales	1.	
SPITAL VERAL VII. 17	OM		R: On the basis of sxamination								nd manner as stated,
HE FU	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	44 ^			29c. LICE	NSE NUMBER		29d. DATE	SIGNED (A	forjth, Day, Year)
TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 he IMPORTANT: If IN	TO B	A. Kras	non MD			04	11661		<b>)</b>	7/17	193
	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	~ V ~	1 7	Mr	AA .	1 2/2	011	- 13	
		31. DATE PIBED (Morth, Day, Year)	32 FASTRAR'S SIG		ad 1	usu	7, 100	) 212	V4		
6		1111 20 1993	war wardson	anguell.			,				
_ ^ L		JUL 62. 1000		-							

ID THE PUSPITAL DRIVENING PRISIDANT; The taw requires that the bean certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Krytiene prior to burial, cementic, or removal. If them 28 is marked, or filem 23 shows any littury, for other traumatic event, the medical araminer must be marked, or filem 23 shows any littury, for other traumatic event, the medical araminer must be marked.	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY HAROLD H. YEAR BLACKA JULY 11 1993 5:19 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 235-52-5393 1 X M 2 □ F DAYS 60 Oct. 14,1932 Pennsylvania 9e, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR CUMBERLAND ALLEGANY Memorial Hospital RESIDENCE OF DECEDENT 10e. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY WV Mineral New Creek 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? P.O. Box 177 26743 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: Specify 3 Widowed 4 Divorced White White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8 Coal Miner Coal Mining 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) James William Blacka BE Catherine Imelda Jacque 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pauline L. Blacka P.O. Box 177 New Creek, WV 26743 20e. METHOD OF DISPOSITION

1 X Quriel 2 Cremetion 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 5 Dother (Specify) Rotomac Memorial Gardens 17/14/93 Kevser, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 85 S. Main Street Rotruck-Smith Funeral Home LCRE Keyser, W 26726 23. PART I. Enter the diseases, or complications that caused the dec shock, or heart failure. List only one cause on each line. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between **IMMEDIATE CAUSE (Finei Onset and Dasth** disease or condition maire acres resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE Dementia 1 TYES NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 XNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 28e. DATE OF INJURY (Month, Oay, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER

(Chack only

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 296. SIGNATURE AND TUYLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 9 3. 9 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) DR. H.C. MERRICK MEMORIAL HOSPITAL MEDICAL BUILDING CUMBERLAND MD 32 -- PIG GIGNATURE 31, DATE FILED (Month, Day, Year) 32 -

314

UL 2 0 1993

DHMH-16 Rev 1/89

		From 1, 2, 3 should
AND 21215-0020	e hospital or attending physician.	etached for use as the burial-transf
BALTIMORE, MARYLAND 21215-0020	after death, Page 6 may be retained by th	by the funeral director, page 5 should be d
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached for use as the burial-transformed 1, 2, 3 should be detached 1, 2, 3 should be detached 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,

	REGISTRAR		CERTIF	CATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	CLAR	K			2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. S	BEX 8. AGE (	n yrs. last birthday) 7 yrs.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye.	i ar)	6. BIRTH Countr		
OR	N.W. HOSPITAL (		96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  BALTIMORE			DEATH				
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY									
DIRECTOR	MARYLAND BALTI	EMORE	10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 32 NO	
FUNERAL	100. STREET AND NUMBER 6800 LIBERTY RO	DAD		10	21207		10g. CIT	US	WHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? A YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	If yes, sp	DENDENT OF HISPAI Becity Cuben, Mexico 3 2 7 NO Specif	en, Puerto Rican, etc	y Yes or No—	14. RACE Black Speci	E — American Indian, ik, White, etc.	
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OI	BUSINESS/IN	DUSTRY		
COMPLETED		flege (1-4 or 5+)	RECEAT ]	e retired.)		EDU	CATIO	N		
BE CO	17. FATHER'S NAME (First, Middle, Last) HARRY	CLARK			16. MOTHER'S NA ANNIE	AME (First, Middle, Ma	siden Surname)			
TO B	190. INFORMANT'S NAME (Type/Print) LAREESA F. CLARE	ζ			and Number or Rural Y ROAD		7 Town, State, Zi	p Code)		
	20a. METHOD OF DISPOSITION  1	from State 20b.	PLACE AND DATE Of etery, crematory or of NAT	OF DISPOSITION (No her place) MEM	PARK	1	LOCATION —		own, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE				ND ADDRESS OF FA					
	· Caretra Ste			1721	-27 N.	MONROE	STRE	ET	21217	
	23. PART I. Enter the diseases, or compshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Drify one cause on ea	ach line.			th as cardiac or i	espiratory ar	rest,	Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  By a fund (neumana Due to (or as a consequence of):  Carun o ma of Stompay  Due to (or as a consequence of):  Due to (or as a consequence of):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d										
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?									
E						_			1   YES 2   NO	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			LACE OF DEATH (Ch	eck only one)				
S	1110	Inpatient 2 ER/Outp	atlent 3 DOA	OTHER: 4  Nursing Horr	ne 5 🗆 Residence	8 Other (Specify,				
PHYSICIAN:	27, MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY WO	PURY AT DRK7 YES 2 NO	28d. DESCRIBE H	OW INJURY OC	CURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, a			281. LOCATION (SI City or Town, S		r or Rural F	Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN:									
	296. SIGNATURE AND TITLE OF CERTIFIER	-0		n, at thy opinion, c	29c. LICENSE NUI					
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	4	THE OTTER OF THE	21.0	2400	491	Þ Zyd. ĐAI	7/1	3/83	
	Sored MA DI	AZ A	WIH	Print)						
8	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE							

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BOX	
P.0.	
RECORDS,	
OF VITAL	
DIVISION	

	1. DECEDENT'S NAME (First							2. DATE OF DEATH	Av	YEAR	3. TIME OF DEATH
	Evelyn	Lou		Cover				July 18.	1993	4 ~	2: 40 PM
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	, ,	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
	579-09-542	- /	1 🗌 M 2 💢 F	94	YRS.	10000	20.00	July 27	1898		ltimore
-	9e. FACILITY NAME (If not in	_		-1			OR LOCATION OF	DEATH	9c. COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DEC		n Hospit	aı		Balt	imore				
E C	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LOC	CATION				10d. INSIDE CITY
2	MD					BALTIMO	ORE				LIMITS?
AL	10e. STREET AND NUMBER						101. ZIP CODE		10g. CITI	IZEN OF V	WHAT COUNTRY?
E	6040 Har	ford R	oad				21214			US	SA
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.A	RMED	13. WAS D	ECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No-	14. RACI	E American Indian, k, White, etc.
ВУ	1 Never Merried 2 3 Widowed 4 X Divo			MAR OR OATES			ES 2 A NO Spe			Spec	ffy:
60	15. DEC	EDENT'S EDUC	ATION	16a D	ECENENT'S	USUAL OCCUPA	TION	16b. KIND OF BU			ite
	(Specify online Elementary/Secondary (I	y highest grade	Completed) College (1-4 or 5				most of working Lespersor	166. KIND OF BU	SINESS/IND	JUSTRY	
립	12	(12)	College (1-4 of 5	"   <sub>To1</sub>	10661	s Dept.	Lespersor	Clothi	ng/ D	ept.	Store
COMPL	17. FATHER'S NAME (First, M			Mel	IELI	s pept.	18. MOTHER'S P	IAME (First, Middle, Melden	Surname)		
BE C	James B.	Yeatm	an					F. Mitchel			
0	19a. INFORMANT'S NAME (1							I Route Number, City or Tow			
F	Mr. Ried C.	Cover			28 Ma	rie Lar	ne, Middl	etown, New	York	10	1940
	20e, METHOD OF DISPOSIT  10 Burlel 2 Cremetic  Donation		rval from State	20b. PLACE cemetery, çı	AND DATE	OF DISPOSITION (	Neme of	OATE 20c. LO	CATION —	City or To	own, State
1	21. SHIMADINE OF SHIEFE			Wood1	awn C	emetery	AND ADDRESS OF	7/21/93 1	Balti	more	
	1300	De mer	1000	mon	/			ell-Wiedefe	14 .	Tno	
$\Box$			Lemmon			10 W	. Padonia	Rd. Timo	nium.	MD	21093
	23. PART I. Enter the d ahock, or h	eart fallure. L	emplications the	t caused the duse on each lin	eath. Do i	not enter the n	node of dying, su	ich aa cardiac or reapi	iratory arr	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Fir	nal	<i>a</i> .	- 27	. 0.	+ 1	4				Onset and Death
	disease or condition reaulting in death)	<b>→</b> ,	<i>U</i> ?	ngelles	e over	u pa	ilure				
_		1	AC	110 A	EOUENCE O	F): <i>V</i>					
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONS	OUENCE O	Đ:		٨			
S	cause, Enter UNDERLY	NG	1	ANOU	Ular	000	Careel	Diseey	)		1
Ĕ	CAUSE (Disease or Injuthat initiated events		A DUE TO	OR AS A CONSE	OVENCE O	4	A 1.	00,000	. 4		
	resulting in death) LAS	T C	VAY	verel	Me	all a	= B/K	angular	ell	Ple	7.
	PART II. Other algolfica	nt conditions	contributing to	death but not	resulting	in the underly	ing cause given i	n Part I. I 24s, WAS AN	ALITOPSY	1.4	WERE AUTOPSY FINDINGS
EDICAL	COP	'D			1			PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
밀	X	//	- 1	ue to	1/1	1.06	1. de	1 TES 2	NO		OF DEATH?
Σ :	000	MIN		4			The state of the s				1 TYES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL				28.	PLACE OF OEATH (	Check only one)			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing Ho	ome 5 🗆 Rasidence	8 Other (Specify)			
됩	27. MANNER OF DEATH		28a. DATE OF (Month, E		28b. TIM		NJURY AT VORK?	28d, DESCRIBE HOW I	NJURY OCC	CUREO	
BY		Pending Investigation				- 7.	YES 2 NO				
		Could not be	28e. PLACE C building,	OF INJURY — At h etc. (Specify)	ome, farm,	street, factory, of	fice	28t, LOCATION (Street of City or Town, State)		or Rural I	Route Number,
		O O O O O O O O O O O O O O O O O O O									
COMPLETED								us to the cause(e) end mar			
ŏ	2 MEDI	CAL EXAMINER	t: On the basis of s	xamination end/or	Investigation	on, in my opinion	, death occured at the	ne time, date end place, en	d due to th	e ceuse(e	e) and menner as stated.
BE C	29b. SIGNATURE AND TITLE		1	110			29c. LICENSE N	UMBER			(Month, Day, Year)
10	Hea	usn		MD					<b>&gt;</b> 7	-18	2-93
	30. NAME AND AGORESS OF		4	SE OF DEATH (ITI	EM 27) (Type	Print)	20.00	DM - 7-	1		
1	31. DATE FILED (Month, Day,				1000	AT ICHVE	N DLVI	), BALTO	· , j /	UD	21239
4	JUL 2 U 199	3 44		IR'S SIGNATURE							

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020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit page
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BALTIMORE, MARYLAND 21215-0020	he hospit	Jetached
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Debr, of Health and Mental Houene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
THE DEVIALENCE PROPERTY.

						9	3 20991				
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTM CERTIFICA	ENT OF HEALTH A	ND MENTAL HYGIEI						
3	1. DECEDENT'S NAME (First, Middle, Last)	John Simpronos	es Cor	reia Ir.	2. DATE OF DEATH	MY CYE	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs	lest birthday) IF t	MOER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH (Month, Day, Year)	0. B	IRTHPLACE (State or Foreign ountry)				
	029-14-8534 13		YRS.	CITY, JOWN OR LOCATION	0/5/2	25 Ma	assachusetts				
TOR	ANNE AMUNA	4 6		AMNA	polis	SE COUNTY	2-14				
DIRECTOR	Florida Brev	ard		m Bay			10d, INSIDE CITY LIMITS?  1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER	2: 1		101. ZIP CODE	0.00	10g. CITIZEN	OF WHAT COUNTRY?				
NE NE	846 Seven Gabl		ARMEO		909 IISPANIC ORIGIN? (Specify Vi	14 F	USA				
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	R. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2  JE YES, GIVE WAR OR DATES  WW I I	□NO	If yes, specify Cuban, I	Mexican, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White				
TED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ION 16a.	Give kind of work	AL OCCUPATION lone during most of working red.)	16b. KIND OF BU	SINESS/INDUSTR	TY.				
COMPLET	12	2 D		e/Captain			New Jersey				
BE CO	17. FATHER'S NAME (First, Middle, Last) John Simones C	Correia Sr.		16. MOTHER Mar	Y Sousa	n Sumeme)					
10	194. INFORMANT'S NAME (Type/Print) Mary Ida Corre	eia	196. MAILING ADD 846 Sev	mess (Street and Number or en Gables	Rural Route Number, City or To Circle, P	vn, State, Zip Code alm Ba	y, FL 32909				
	20e. METHOD OF OISPOSITION  1	from State 20b. PLA cemetery, Met	CE ANO OATE OF DIS crematory or other p	SPOSITION (Name of lace)		ocation - city of ltimor					
	21. SIGNATURE OF PUMBRAL SERVICE LICENS				Funeral H						
匚	· Vall y W	ended th		12 Ridge	ly Ave. An	napoli	s,MD 21401				
	23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a. Acutte Myocardiat Jaffartum  Approximate interval Between Onset and Death										
z	DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
RTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):								
CEI	PART II. Other significent conditions or	Ontributing to death but n	ot requiting in th	a underlying passes also	n to Boot I Los uno se						
EDICA	PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 TYES 2 THE COMMITTEE OF THE PART II. 24b. WERE AN AUTOPSY PERFORMED?  1 TYES 2 THE PART II. 24b. WERE AN AUTOPSY PERFORMED?  1 TYES 2 THE PART II. 24b. WERE AN AUTOPSY PERFORMED?										
2							1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OT	26. PLACE OF OEAT	H (Check only one)						
HYS		Inpatient 2 VER/Outpatient		Nursing Home 5 - Resid							
ВУ Р	1 Netural 5 Pending Accident Investigation	(Month, Day, Year)	INJURY	28c. INJURY AT WORK?  M 1 YES 2 N	28d. DESCRIBE HOW	INJURY OCCURE					
ETED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — Albuilding, etc. (Specify)	l home, farm, street,	, factory, office	281. LOCATION (Street City or Town, State	and Number or Ru )	rel Route Number,				
COMPL		: To the best of my knowledge in the bests of examination and					se(a) and manner as stated.				
29c. LICENSE NUMBER , 29d. DATE SIGNEO (Month, Day.											
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Dom	D. De	Duty D	040524	29d. DATE SIGN	NEO (Month, Day, Year)				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND-M215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the nospital or annualing physicial	4 hours after death. Page 6 may be retained by the hospital or anauding physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described as as the bunak-to be filed within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be directed for use as the burial-trong or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	te medical examiner must be notified at once

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	PHILIP		. (	CHACE		0 33	16 9	3 11:50 AM M			
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign			
	577-14-6993	¥∰ 2 □ F 85	YRS.			8-29-0	7	USA D.C.			
Œ	Sa. FACILITY NAME (If not institution, give s				R LOCATION OF DEA	ATH	9c. COUNTY (	OF DEATH			
DIRECTOR	NORTH ARUNDEL H	IOSPITAL ASSOCI	ATION I	GLEN	BURNIE		A	.A. COUNTY			
H	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	MD Ann	e Arundel	Cro	ownsvi	ZIP CODE			1 TYES 2-TINO			
FUNERAL	383 LAke Ro	ad			21032		17.	e Arundel			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S				C ORIGIN? (Specify Yes	or No.— 14. F	BACE — American Indian			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2		If yea, spending 1 TES	2 XIO Specify:			Black, White, etc.			
	15. DECEDENT'S EDU	CATION	OF OF OFFICE AND ADDRESS OF THE PARTY OF THE			B75000000000000000000000000000000000000	Wh	ite			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)  College (1-4 or 5+)	(Give kind of wo	SUAL OCCUPATION  rk done during mover retired.)	st of working	16b. KIND OF BU	SINESS/INDUSTF	IY .			
AP.	12th	- '	Supervisor			Safewa	y Stor	e			
SO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First **Irictio miclen	Surneme)				
8	ALbert Chace	Sr,				es Burch					
2	198. INFORMANT'S NAME (Type/Print)  Myrtle Andrews	Chaco	196. MAILING A	lake Ro	nd Number or Rural Ro	oute Number City or Tow Vnsville	n, State, Zip Code Md	)			
	20a. METHOD OF DISPOSITION  1 Burlal 2 December 3 Remo			OISPOSITION (Na			CATION — City of	N Town State			
	1 Donation 5 Other (Specify)	oval from State cemetery	tro	ar place)		1	timore	Control of the Contro			
1	21. SIGNATURE OF PUNERAL SERVICES IC	ENGER //		22. NAME AN	D ADORESS OF FACI	iuty	m o D A				
	Dall 110	CHX				neral Hon					
	23. PART I. Entar the diseases, or o shock, or heart fellure.	complications that caused the List only one cause on each	death. Do no	t antar the mo	da of dying, auch	as cardiac or respi	ratory arrest,	Approximate			
	IMMEDIATE CAUSE (Final disease or condition	A		/	1			Interval Between Onset and Death			
	resulting in death)	a. Myeloc DUE TO OR AS A CON	tyspl	astic	Syndre	me		5 months			
_		DOE TOMON AS A CON	SEGUENCE OF):		,						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CA	cause. Enter UNDERLYING CAUSE (Disease or injury										
Ë	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST										
		d									
SA!	PART II. Other significant condition	s contributing to death but n	ot resulting in	tha underlying	cause givan in P	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
Ē	1 □ YES 2 1 MO COM										
×						-		1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Chec	ck only one)					
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatien		OTHER:	5 - Residence 8	☐ Other (Specify)					
F	27. MANNER OF DEATH  1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJI		28d. DESCRIBE HOW I	NJURY OCCURE	)			
B	2 Accident Investigation	28e. PLACE OF INJURY — A	t home from et-		ES 2 NO						
	3 Suicide S Could not be determined	building, atc. (Specify)	k nome, larm, atr	set, factory, office		281. LOCATION (Street a City or Town, State)	ind <b>Number</b> or Ru	ral Route Number,			
YE.	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge	death occurred	at the time date	and place, and due to	o the course(s) and man	ones es eleted				
COMPLETED		R: On the basis of examination and						se(s) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1		,	29c. LICENSE NUME	BER	29d. DATE SIG	NED (Month, Day, Year)			
TO B		M.D	· atten	HIY MO	D20	43	▶ 7-1	16-93			
	LONG S HSU,/300	HOSPITAL DR #	(ITEM 27) (Type, P 230/CI ロ	N RIIDNT	F MD C	21061					
	31. DATE-FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		n DOWNT	ц, FID 2	71001					
	JUL 2 0 1993										
	- WELL O 1330 /	J Stella A . A	5	,							

BALTIMORE, MARYLAND 2121	s after death. Page 6 may be retained by the hospital or atter	by the funeral director, page 5 should be detached for use a emoval.	lical examiner must be notified at once.	TO BE COMPLETED
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIGHLIAN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or after	TO THE RAVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as an flact within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR											9	3	20993
	1 - STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPAI Certif	RTMENT ( ICATE	OF DE	TH AND ATH		HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF	DEATH	lv .	YEAR	3. TIM	OF OEATH
	Marvin T	awrenc	e Chapma						07-16			TEAN	11	:27 A.M
	4. SOCIAL SECURITY NUMBER 406-20-423		5. SEX 1 (2M 2 (1) F	8. AGE (In	yrs. last birthday) YRS.	MONTHS D	YEAR IF UN	NOER 24 HRS.	7. DATE OF (Month, D) 01-14	BIRTH (24) 1922		Count	B. BIRTHPLACE (State or Foreign Country) Kentucky	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	111		9b. CITY, TO	OWN OR LOC	ATION OF D				NTY OF D		*1
O.B.	41 Lyndale		<u> </u>				imore							e County
<u>ا</u> ي	RESIDENCE OF DEC	10b. COUNTY	,		100.00	TY, TOWN OR								
DIRECTOR	Maryland	112	imore Co	unty		altimo							LH	SIDE CITY WITS? ES 2 1 NO
Z	10e. STREET AND NUMBER						101. ZIP C	ODE			10g. CITI	IZEN OF	WHAT CO	UNTRY?
FUNERAL	41 Lyndale	Avenue					212	36			U.	S.A.		
2	11. MARITAL STATUS  1 Never Married 2 X	Married	12. WAS DECEDEN FORCES? 1- IF YES, GIVE W	YES	J.S. ARMED 2 NO	13. WA	S DECENDER	IT OF HISPA ubsn, Mexic	NIC ORIGIN? (S	Specify Yes	or No-	14. RACI Blac	E — Ame k, White,	rican Indian, stc.
BY	3 Widowed 4 Divo	rced	WWII	AR OR DATI	ES	1 [	YES 2 🔀	NO Speci				Whi	te.	
	(Specify only	EOENT'S EDUC highest grade	CATION completed)	1	(Give kind of	work done duri se retired.)	JPATION ing most of we	orking	16b. KI	ND OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0 11th Grade		College (1-4 or 5+		Self-En				T.	V. Se	rvic	:e		
ទូ	17. FATHER'S NAME (First, M					1)	18. M	OTHER'S N	AME (First, Mick	dle, Maiden S	Surname)			
BE	Taylor G.		n, Sr.					ola C						
2	19a. INFORMANT'S NAME (7								Route Number,					
	Anna C. Ch	_		- I				e, Ba.	ltimor	_		To the same of the		
	130 Buriel 2 Cremation 4 Donation 5 Other	n 3 🗆 Ramo	oval from Stata	cemete	LACE AND DATE ery, cremetory or d dens of	of Disposition	Neme of	o+o	DATE		CATION —			
	21. SIGNATURE OF FUNERA		ENSEE	Jun	deris Oi		ME AND ADD			Bal	СПІО	re,	Mar	yland
7	10	4.7	0	2		Johr 641	n C. M	Miller	r, Inc.	• =1+im	0300	Max		nd 21206
	23. PART i. Enter the di	seasea, or c	omplications the	caused t	he death. Do	not anter the	a mode of	dying, suc	ch es cardiac	or respir	ratory arr	est,		pproximate
	IMMEDIATE CAUSE (FIR		List Only Ona Cau	ae on eec	n line.	. 1		\						terval Batwean
	disease or condition	<b>→</b> ,	Cer	env	o har ze	Mean		アバア	use	_			ļ	
_			RDUETO	OR AS A C	ONSEQUENCE O	F):								
5	Sequentially list conditi		DUE TO	OR AS A C	ONSEQUENCE O	/ <b>V</b> / \							-	
HILICATION	cause. Enter UNDERLYI CAUSE (Disease or inju	NG	Ser	ere	Ary	Writ	1)						į.	
	that initiated events resulting in death) LAS		DUE TO	OR AS A C	ONSEQUENCE O	F):						-		
	Todatting in deatily EAS												-	
Į.	PART II. Other algnifica	nt condition	contributing to	deeth but	not resulting	in the unde	rlying ceus	e given in	Part i. 24	a. WAS AN A	AUTOPSY MEO2	24b		UTOPSY FINDINGS LE PRIOR TO
MEDICAL									1	YES 2	1			TION OF CAUSE
														S 2 NO
SICIAN	25. WAS CASE REFERRED TO	MEDICAL T										$\perp$	_	
2	EXAMINER?		HOSPITAL:	EB/Outmett	and 2   DO4	OTHER:	1		neck only one)					
	27. MANNER OF DEATH		28a. OATE OF	INJURY	28b. TIM	4 Nursing	c. INJURY AT		8 Other (S)		JURY OCC	CUREO		
		Pending nvestigation	(Month, Da	y, Year)	IN.	M 1	WORK?	NO NO				0000		
	3 Suicide 6	Could not be	28e. PLACE Of building,	INJURY — itc. (Specify)	At homa, farm,	ntreat, factory,	offica		28f. LOCATIO	ON (Street ar own, State)	nd Number	or Rural R	loute Nun	iber,
ון נ	29a. CERTIFIER													
E			CIAN: To the best of ax											[
3	29b. SIGNATURE AND TITLE		^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		noor investigatio	m, m my opim				placa, and				
			474	ulto	w m	V~~0	D 29c. L	Z .	894	9	29d. DATE	SIGNEO	(Month,	93
АW	30. NAME AND ADDRESS OF											, ,	-	
	Panayiotis B	altatz	is, M.D.	, 123	2 Race	Road,	Suite	e 202	, Balt	imore	, Ma	ryla	and .	21237
	one raced (mornin, buy, )	oer)	32. REGISTRA	S'S SIGNATI	URE									
	JUL 2 0 19	393	Helia David	-1-10	ndelle									

ITEMS: 23 PART I, 27, PER MEO G-701 7/27/93 t.

	1. DECEDENT'S NAME (First, Middle, Last) DIAMOND	485		COU	JRTNEY	2. DAT MON		YEAR 93				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde) 7 WEEKS YRS.	) IF UNDER 1 YE.		. 7, DATI	E OF BIRTH	8. Bit	PATHPLACE (State of Duntry) Md			
R	99. FACILITY NAME (If not institution, give a ST. AGNES HOSPI	,			WN OR LOCATION OF			COUNTY O	OF OEATH			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  Md Ba	Ĭto	10e. C	ITY, TOWN OR LO	OCATION				10d. INSIDE (			
FUNERAL D	100. STREET AND NUMBER 6 Walden Circle				101. ZIP CODE 21207		10g.		1 TYES 2			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMEO YES 2 NO WAR OR DATES	If yes	OECENOENT OF HISI a, specify Cuban, Mex YES 2 NO Spe	ican, Pueric	IN? (Specify Yee or No- Pilcen, etc.)	8	NACE — American is black, White, etc.			
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Give kind o	'S USUAL OCCUP if work done during use retired.)		16	bb, KIND OF BUSINESS	/INDUSTR	Y			
E COM	17. FATHER'S NAME (First, Middle, Leet) Emmanuel Court	ney		-31	18. MOTHER'S Carler	NAME (First	Middle, Meiden Suman Courts	10)				
TO BE	190. INFORMANT'S NAME (Type/Print) Carla Hicks  190. MAILING ADDRESS (Street and Number or Flural Flouth Number City of Town State To-Code) 6 Walden Circle Baito, Nid 21207											
	20e. METHOD OF DISPOSITION  1 IX Burlisi 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION / Name of centre											
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE	Cedar	22. NAM	E AND ADDRESS OF	FACILITY						
	De Madage	Wa	ues)				4300 Wab					
	23. PART i. Enter the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	S U D D	it caused the death. Do	DEATH	mode of dying, s	uch aa ca			Approvinterva Onset			
ERTIFICATION	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	a. SUDD  DUE TO  b. DUE TO  c.	EN INFANT	DEATH OF):	mode of dying, s	uch aa ca			Approx			
: MEDICAL CERTIFICATION	23. PART i. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. SUDD  DUE TO  B. DUE TO  C. DUE TO	EN INFANT (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	DEATH OF):  OF):	SYNDRO	wch as ca		arrest,	Approx			
MEDICAL	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions.	a. SUDD  BUE TO  DUE TO  C. DUE TO  d. HOSPITAL:	EN INFANT (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	DEATH OF): OF):	SYNDRO	M E	24a. WAS AN AUTOP PERFORMED?	arrest,	Approinterva Onset  Onset  24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?			
MEDICAL	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the cause of the ca	B. SUDD  DUE TO  b. DUE TO  d. DUE TO  d. HOSPITAL: 1 □ Inpatient 2 X  28a. DATE OF	EN INFANT (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resultin	OF):  OF):  OF):  OTHER: 4   Nursing	SYNDRO	ME In Part i.	24a. WAS AN AUTOP PERFORMED?  YES 2 NO	arrest,	24b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?			
BY PHYSICIAN: MEDICAL	23. PART i. Enter the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH    Natural   5 Pending Investigation	B. DUE TO  b. DUE TO  c. DUE TO  d	EN INFANT (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE  death but not resultin  FINJURY 28b. 1  OF INJURY — At home, farm	OF):  OF):	SYNDRO  SYNDRO  SYNDRO  SPLACE OF DEATH.  Home 5   Resident  NJURY AT  WORK?	in Part i.	24a. WAS AN AUTOP PERFORMED?  1 YES 2 NO  NOT (Specify)  ESCRIBE HOW INJURY	OCCURED	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2			
D BY PHYSICIAN: MEDICAL	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO  27. MANNER OF DEATH    Natural 5 Pending Investigation   Suicide   Could not be detarmined   Natural   Could not be detarmined   Page CEPTIGIES	BUE TO  B. DUE TO  DUE	EN INFANT (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE  (OR AS A CONSE	OF):  OF):	SYNDRO  SYNDRO  SYNDRO  Tyling cause given  B. PLACE OF DEATH.  Home 5   Resident  WORK?  WORK?  YES 2   NO	in Part i.	24e. WAS AN AUTOP PERFORMED?  YES 2 NO  NOT (Specify)  ESCRIBE HOW INJURY Or Town, State)	OCCURED	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2			
BY PHYSICIAN: MEDICAL	23. PART i. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are supported by the cause of the ca	BICIAN: To the best of	EN INFANT (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE  death but not resultin  FINJURY 28b. 1  OF INJURY — At home, farm	OF):  OF):	SYNDRO  SYNDRO  SYNDRO  Tyling cause given  B. PLACE OF DEATH  Home 5   Resident  WORK?  YES 2   NO  office	In Part i.	24a. WAS AN AUTOP PERFORMED?  1 YES 2 NO  NOT (Specify)  ESCRIBE HOW INJURY  OCATION (Street and Nurry or Town, State)	OCCURED	Approvinterva Onset  24b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?  1 YES 2			

DHMH-18 Rev 1/89



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	BEG NO

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	0				2. DATE OF DEATH			3. TIME OF	DEATH	-
	William	Car	€			MONTH D		EAR	3:	5 M	
- 3		. /		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPL Country)	LACE (State	or Foreign	_
	21000 0117	M 2 □ F   72	YRS.			02-10-21		NC			
œ	9a. FACILITY NAME (If not institution, give street	end number)	1	b. CITY, TOWN O	R LOCATION OF DE	ATH C	9c. COUNTY	OF DEA	ATH		Ī
DIRECTOR	RESIDENCE OF DECEDENT	OSPITA		DA	Timor	2 City					
JEC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			1	Od. INSIDE		_
	Balti	more	Balt	imore			LIMITS?				
3AL	10e, STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN				-
FUNERAL	816 Dorsey Avenue			21	1221		USA				
	11. MARITAL STATUS 12 1 Never Married 2 Married	FORCES? THE YES	U.S. ARMED 2 NO	13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14.	RACE - Black, 1	- American White, atc.	Indian,	
BY	3 V Widowed A Divorced		TES	1 TES	2-NO Specify			Specify:			
15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 180. KIND OF BUSINESS/INDUSTRY									iite		-
		College (1-4 or 5+)	life. Do NOT use	rk done during mos retired.)	st of working						
COMPLET		yrs	Machinist			Martin	's Mar	iett	a		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)				
BE	Thomas Cave  19e. INFORMANT'S NAME (Type/Print)				Bessie						
2	Donald Cave					loute Number, City or Town	1, State, Zip Coo	de)			
	2Qa METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal	200	PLACE AND DATE OF	sey Ave		timore M	D 212:	21_	20.0		4
	1 N Buriel 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	from State ceme	rdens of	r place) Faith					,		
21. 9GNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											-
	1 Fin	12021	0 . 1	Connel	1v Funer	21 UOmo o	F Face	300	) Mac	e Ave	
	23. PART I. Enter the diseases, or com	plications that caused	tha death. Do not	entar the mod	is of dying, such	al HOme of	ratory arrest	x Ba		21221 ximata	-
ļ	ahock, or heart failure. List	only one cause on aa	ch lina.		× 111.2.1941.1001			,	Interv	and Death	
	disease or condition resulting in death)	Fulminent	20/107	Dan Cit	DAGL	~/ M.r.	A.				
	a	OUE TO (OR AS A	CONSEQUENCE OF):						-		
NO.	Sequentially list conditions, b	Commen	CONSEQUENCE OF):	gues	2 pre	ven.c.					
ATE	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	(	4						1
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						-		-
CERTIFICATION	reaulting in death) LAST										ı
	PART II. Other aignificant conditions co	ontsibuting to death by	ot not manufalme to						+		1
SAL	Attorslentie	Nascule				Part I. 24a. WAS AN PERFOR		A	WAILABLE PR		
	Diahotes	mell		NIEW	16	1 🗆 YES 2	□ NO		OMPLETION F DEATH?	OF CAUSE	l
Σ	12 (14 132 143)	There	740			-		1	YES 2	□ NO	ı
AN	25. WAS CASE REFERRED TO MEDICAL		-	26. PL/	ACE OF DEATH (Che	ck only one)					1
PHYSICIAN: MEDIC	EXAMINER?	OSPITAL: □ Inpatient 2 □ ER/Outpa		THER:	5 Residence 8						1
到	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJU	RY AT	28d. DEŞCRIBE HOW IN	JURY OCCUR	ED		-	1
BY	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO						l
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stre	et, lactory, offica		28f. LOCATION (Street a City or Town, State)	nd Number or R	Rumi Rout	te Number,		1
Ē,											l
릴	29a. CERTIFIER (Check only one)	i: To the best of my knowle	dge, death occurred	nt the time, date a	and place, and due t	to the cause(a) and man	ner ea stated.				Ì
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as a									ne stated.	l	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)									ber)	1	
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETET CAUSE OF OTA	THUTTEN OF CE	(me)	D2088		- 7	111	1145		
	MHALLD ALTA	(16, 4	heuch He	me He	spital	Bultin	rule	1	CIN		
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE								
											1



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DIVISION OF VITAL RECORDS, P.O. BOX 58/50,	L OR ATTENDING PHYSICIAN: The
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

CEDENT'S NAME (First, Middle, Lest)

. 9		REGISTRAN				CENTIF	ICA	EU	DEA	ın		REG. NO.			
		1. DECEDENT'S NAME (First,  MASON D	ENT								2. DATE MONTH 07	OF DEATH	7	93 EAR	3. TIME OF DEATH
22		4. SOCIAL SECURITY NUMB 237-82-74	18	5. SEX 1 X M 2 D F	6. AGE (In	yrs. last birthday) YRS.	IF UNC	ER 1 YEAR	_	24 HRS.	(Month	OF BIRTH 1. Day, Year) 118/4	8	8. BIRTHPI Country)	LACE (State or Foreign
3 should	H	96. FACILITY NAME (If not in: 5801 BALT			r To				OR LOCATION OF LOCATION		ATH			TIMO	
64	5	RESIDENCE OF DEC	EDENT	I I FIF	(E		<u> </u>	AIOI	ASATI	ILIE			DAL	TIFIC	KE
if. Pages	DIRECTOR	VA .	10b. COUNT					OND	ATION						IOd. INSIDE CITY LIMITS? I NO PES 2 NO
E E	A	10e. STREET AND NUMBER						1	IOI. ZIP CODI	E			10g. CITI	EN OF WH	IAT COUNTRY?
, <u>1</u>	FUNER	1701 N. 2	Oth S	TREET					23	3233				USA	1
ong physician. the burlatmansit	☐ 3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES					2 (NO	1	If yes,	ECENDENT Of the specific Cube in the specific Cube	n, Mexicar	n, Puerto F				American Indian, White, etc. NEGRO
25 25	8		EDENT'S EDU			16a. DECEDENT'S	USUAL	OCCUPAT	TION		16b.	KIND OF BUS	HNESS/IND	USTRY	
repital or a hed for us k.	(Specify only nignest grace completed)    College (1-4 or 5+)   College (1-4 or 5+)   TRUCH					Me. Do NOT u	I work done during most of working use retired.)  DRIVER					TR	UCKI	NG	
he hespi detached once.	ő	17, FATHER'S NAME (First, MI	ddle, Last)						18. MOTI	HER'S NAI	ME (First, A	fickle, Maiden	Sumeme)		
8 E €	BE	SENECA DE	NT						I	AUR	A J	. WIL	LIAM	S	
5 should notified	0 8	19s. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRE	SS (Street	end Number	or Rural F	loute Numb	er, City or Town	n, State, Zip	Code)	
age 5	ř	TERNITA BU			1					ST.		ro., 1			
mettor,		1 X Burlel 2 Crematio	n 3 🗆 Rem (Specify)			HOCCO	CHA	PEL	BAPT				RENT		•
b funeral di examiner		21. SIGNATURE OF FUNERAL							AND ADDRES			77777777		03.47	
	_	- Vosap					2	222	W. N	ORT	HAY	FUNERA VE. B	BLTO	.MD.	21216
d in by the or removal medical e		23. PART I. Enter the di shock, or he	seases, or e	complications the	t caused t	the death. Do	not ent	er the m	node of dyl	ing, suct	as card	lec or respin	ratory sm	est,	Approximate interval Between
completely filled lal, cremation, or swent, the m		iMMEDIATE CAUSE (Fin disease or condition resulting in death)	el				Car	diov	ascu1						Onset and Death
sicien and comp vior to burlal, o traumatic eve	NO	Sequentially list conditi	ons,	b		CONSEQUENCE O									
4 4 3	CERTIFICATION	If any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or Injuri	NG	c		CONSEQUENCE O									
日 主 日	ERTI	that initiated events resulting in death) LAST		d	(611110 11 0		,								
Mer Ph	1.5	PART ii. Other significe	nt condition	s contributing to	death but	t not resulting	in the	underivi	ng cause o	lven in l	Part i.	24a. WAS AN	ALITOPSY	24b V	VERE AUTOPSY FINDINGS
5 S -	EDICAL			ne				,		,		PERFOR	MED?	I A	WAILABLE PRIOR TO COMPLETION OF CAUSE
signed Health :	8			116							-	1 YES 2	X NO	0	OF DEATH?
	2										- 1			1	☐ YE\$ 2 ☐ NO
12 5 11 1	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26	PLACE OF D	EATH #04-	rok onte on	-1			
State D	읈	EXAMINER?		HOSPITAL:	ERMutant	Nort 2 7 DOA	ОТН	ER:	_						
是 1 6	PHY	27. MANNER OF DEATH		26a. DATE OF		28b. TIM		T	Me 5 Re	sidence		CHIBE HOW IN	FILIBA OCC	URED	
After this cleath with a marked,	ВУ Р		Pending restigation	(Month, D			M	1 [	YES 2	] NO				UNLU	
28 Is			Could not be letermined	28e. PLACE O building,	F INJURY - etc. (Specif)	At home, ferm,	street, fa	ectory, off	ice			ATION (Street e. or Town, State)	nd Number	or Rural Rou	ute Number,
로 되는 는	COMPLETED			CIAN: To the best of R: On the basis of e											end menner se stated.
E FUNES d within RTANT		296. SIGNATURE AND TITLE	OF CERTIFIE	1					29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (A	Month, Day, Year)
TO THE FUNES ON THE WITHIN	TO/BE	SO NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAU	Modi	H (ITEM 27) (NO	min. Print)	er_		1085					1993
1/	1	-Stanley 7		enhero M				haec	Stro	et.	7A	2120	2		
	14	JUL 2019	73	ruia Davido	R'S SIGNAT	TURE		uase	oute	<u> </u>	/ Ω	2120	4		
Į.	10	JOL 2 0 19	33	rule havids	ar-Nor	MARE.									

	Item #6 & #1  FOR mdf-7/22/93  1. FOR GF-#/01 STA	TE OF MARYLAND /	DEPARTMEI	NT OF HEALTH		GIENE 3. NO.	3 20997			
	1. DECEDENT'S NAME (First, Middle, Lest)  Charles  4. SOCIAL SECURITY NUMBER  214-14-8570  9a. FACILITY NAME (If not institution, give street and	S_AGE (In yrs. lest	ANS birthday) IF UND YRS. MONTH	ER 1 YEAR IF UNDER	2. DATE OF DEAMONTH JU MANN. TO DATE OF BRITISH (Month, Day, Y June 16	1 y 16,1	3. TIME OF OEATH 3 2:01P M BIRTHPLACE (State or Foreign Country) Maryland Y OF DEATH			
FUNERAL DIRECTOR	1 Never Married 2 M Married FOI	S DECEDENT EVER IN U.S. ARM RCES? 1 ME YES 2 □ N	Ro Ro Ro Ro Ro Ro Ro Ro Ro Ro Ro Ro Ro R	OSSVILLE  101. ZIP CODE  21221 3. WAS DECENDENT OF	HISPANIC ORIGIN? (Spec Mexican, Puerto Rican, at	Balf	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?  A. RACE — American Indian, Black, White, stc.			
TO BE COMPLETED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade complete	Sr. (GA // Min. )	Ë	Specify: White STRY  Dole)  1 21221  y or Town, State  Maryland						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	etions that caused the desy one cause on each line.  SYSTOTY  DUE TO (OR AS A CONSEOUR TO (OR	UENCE OF):  a c e r e b UENCE OF):	er the mode of dyln	g, auch aa cerdiac or	ESSEX. M	t, Approximate interval Between Onset and Death			
ED BY PHYSICIAN: MEDICAL	1 ☐ YES 2 ☑ NO		26. PLACE OF OE ER: unsing Home 5   Res 26c. INJURY AT WORK? 1   YES 2	ATH (Check only one)  Idence 6 Other (Specification of the Company one)  28d. OE\$CRIBE I	HOW INJURY OCCUP					
TO BE COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and 29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIONED (Monitory)  3 NAME AND ADDRESS OF PERSON WAS COMPLETED CAUSE OF STATUTION OF									

PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) r 9000 Franklin

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To an an arrange of the form of the first of

	3	it permit. Pages 1, 2, e should			
BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, estioned	removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after dearn with the State Dept. of Hearth and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

-	HEGISTHAN			SERIIF	ICALE	UF	DEA	IH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)	EDDG							2. DATE OF DEATH MONTH D	AY.	YEAR	3. TIME OF DEATH	
- //	GEORGE L.								7-18-9	3			
- 0	4. SOCIAL SECURITY NUMBER 219-14-1142	5, SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign y)	
- 3		2.5	66	THS.	03-20-27						VI	RGINIA	
~	9e. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATH	
DIRECTOR	1400 E. MADIS	SON St.			Baltimore City						n	one	
딦	10a. STATE 10b. COUNT	ν		100 CIT	ITY, TOWN OR LOCATION								
=				100.011				~~~	10d. INSIDE CITY LIMITS?				
	MARYLAND N  100. STREET AND NUMBER	IONE			B.	-		RE C	TTY			1 X YES 2 NO	
A I						101	. ZIP COD			10g. CI	TIZEN OF W	HAT COUNTRY?	
FUNERAL	1400 E. Madis				5		2.	1205		UNI	TED	STATES	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	EVER IN U.S.	ARMED	13. 1	MAS DEC	ENDENT (	OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W		4				Specify			Specif		
		<u> </u>							A	FRI	AN	AMERICAN	
国	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		Give kind of	unde dans a	CUPATIO	ON st of working	na	16b. KIND OF BUS	SINESS/IN	DUSTRY		
3	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	irie. Do NOT us	retired.)								
₽	8TH GRADE	NONE	MA	ACHIN	E OF	PERA	ATOR		PAPER	FAC	TORY	Z	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middle, Malden	Sumame)			
THADDEUS EPPS ROSABELLE CARTER													
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street e			oute Number, City or Tow		ip Code)		
٩	ODESSA EPPS			140	0 E.	Ma	dis	on s	St. Ant	416	Ral	to,Md 21:	
	20e. METHOD OF DISPOSITION	-7.11 - 1 14777	20b, PLAC	CANDDATE		TION (A)-				CATION -	City or To	en State	
	Mariel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Cemetery,	LAND	her place)	TON	7 TAT	423/	PARK.		01.7 01 10		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	11111(2	1	22. 1	NAME AN	O ADDRE	SS OF FAC	HALL.			MARYLANI	
	P. D. D	0		0	C	AL	/IN	B. 3	SCRUGGS I	UNE	RAL	HOME	
	23. PART i. Enter the diseases, or o	Scru,	350	Wo,	14	12	E.	PRES	STON ST.	BAL	TO, N	ID. 2121	
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  PROBABLE MYOCARDIAL CHIRARCT? CARDIAC ARREST  Due to (or as a consequence or):  NOWN CORONARY ARTERY DISEASE  Due to (or as a consequence or):  Oue to (or as a consequence or):  Oue to (or as a consequence or):  Oue to (or as a consequence or):  Oue to (or as a consequence or):  Oue to (or as a consequence or):  Oue to (or as a consequence or):												
点し		d											
	PART ii. Other eignificant condition	s contributing to	daeth but no	t resuiting i	n tha und	deriyind	cause (	given in	Part i. 24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
DICAL		culan a		of			10.000		PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
W I	No hypertensin								1 TES 2	XNO		DF DEATH?	
≥	. (3		1	1 4					-			1 TYES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL	Sprange	m as	fare	0								
PHYSICIAN: M	EXAMINER?	HOSPITAL:			OTHER		ACE OF 0	EATH (Che	ick only one)				
₹	1 D YES 2 NO	1 Inpatient 2 I	000		4 🗆 Nurs		5 R	sidence	6 Other (Specify)				
ᆵ	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIM	E OF URY	28c. INJI WO	URY AT		28d. OEŞCRIBE HOW II	NJURY OC	CURED		
à I	2 Accident Investigation				М		'ES 2 [	NO					
	3 Suicide 8 Could not be	28e. PLACE Of building,	INJURY — At Itc. (Specify)	home, farm, a	dreet, facto	ry, office			281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural R	oute Number,	
COMPLETED	4 Homicide determined			_									
Z	290. CERTIFIER CERTIFYING PHYSI	CIAN: To the beat of	my knowledge,	death occurre	d at the tir	ne, date	end piece	end due	to the cause(s) and men	ner as ata	ted.		
§	one) 2 MEDICAL EXAMINE											and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUM					
# <b> </b>	Warne	- MM					290. LICI	MUM Serie		zyd. DAT	1 IG	Month, Day, Year)	
ဍ	30, NAME AND ADDRESS OF PERSON WH	O COMBI ETED CATTO	E OF DEATH	TEM AT T	Outori		15	47			1/1	(2011	
	R-TSPECIM	COMPLETED CAUS	DE OF DEATH (IT	(Type,	Print)	ام ما	Co 63	+ R	A 175 / A A A A A A	2	AAA	)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE	000	10.0	~U 17	100	1	TO I WOOK	2-	/V 1	/	
5	JUL 2 0 1993	gula Devid	m-John	ARL.									

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1. DECEDENT'S NAME (First, Middle, Last)

		Teresa	A	E	ddy					mon Jul	.17 <sup>AY</sup>	1993	R
		4. SOCIAL SECURITY NUMBER			. lest birthday)	IF UNDER		IF UNDER		7. DATE OF BI	RTH dheri 3	0. BI	IRTHPLACE (State or Fo
모		217-17-3572	1 M 2 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	"Aug"	U5', I	921 °	Maryland
should	œ	Se. FACILITY NAME (If not institution, give	street end number)			9b. CITY,		on Location		ТН	90	c. COUNTY O	F DEATH
1	<u>ō</u>	416 Drury Lane					D	атсш	оте				
	DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. GT	112118	årë	TION					10d, INSIDE CITY LIMITS? 1 Pres 2
n. ansit perm	FUNERAL	416 Drury La.					10	or. zin-cepi	29		10	o. CITYZENAC	OF WHAT COUNTRY?
-AND 21215-0020 The hospital or attending physician. detached for use as the burial-transit once.	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	2 NO If yes, a			AS DECENDENT OF HISPANIC ORIGINATES a specify Cuban, Mexican, Puerto YES 2 AO Specify:					NACE — American India Nack, White, etc.
21.2 artten Ise as	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a	. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OC	CUPATION TO	ION lost of workin	10	16b. KIND	OF BUSINE	SS/INDUSTR	'n
VD 21 ospital or ched for c	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)					retar			Doct	ors O	ffice
Z & & W	w l	17. FATHER'S NAME (First, Middle, Last) Felix Grue						18. MOTH		e (First, Middle, a Manc		name)	
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)							or Rural Ro	ute Number, Cit	ty or Town, St	tate, Zip Code	, , , , ,
	F	Jo Ellen Eddy			416 [	rury	La	ine		Baltin	юre	Md	21229
MORE, le 6 may be rector, page must be r		20e. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rem 4  Donation 5  Other (Specify)	noval from State		CE AND DATE OF					DATE 7/21	20c. LOCATO	on - chy o Dulane	y Valley
BALTIMORE, ter death. Page 6 may be the funeral director, page yeal.		21. SECHARLIPE OF FUNERAL SERVICE LI	CENSER TO	al	6 -	22. N		avid J			н. 53	311 ed	lmondson A
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the policy of t						pani						ory arrest,	Approximation interval Be Onset and
P.O. BOX 68 att certificate be executed in the properties of the prior to burn to burn to or other traumatic.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c		ISEQUENCE OF								
ORDS that the d ed by the th and Me any Injur	MEDICAL (	PART II. Other significant condition	ns contributing to d	deeth but n	ot resulting i	n the und	deriyin	ng cause g	iven in P		WAS AN AUT PERFORMED YES 2 X	07	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?
C 2 8 0 2	N.						_			-			1   YES 2   P
23 eg & e	IAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Chec	k only one)			
VITAL JAN: The law rificate has be State Dep	Sic	EXAMINER?	HOSPITAL:	RVOutpation	1 3 DOA	OTHER		me 5 Ma	sidence 6	Other /Soe	cifv)	_	
27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURI								RY OCCURE	)				
TISIC TTENDI TTOR: A after d	тер ву	2 Accident investigation 3 Suicide 6 Could not be determined	28a, PLACE OF building, e	INJURY — A	t home, lerm, s	street, facto	ory, offic	ce		261. LOCATION City or Tow	(Street and I rn, State)	Number or Ru	rel Route Number,
DIV L OR A DIRE hours	2	29a. CERTIFIER (Check only	ICIAN: To the best of r	ny knowledge	, death occurre	ed at the tir	me, date	e end place,	and due to	the cause(e)	end manner	as stated.	
HOSPITAL FUNERAL WITHIN 72	COMPLETE		ER: On the beels of ext										se(e) and manner se s
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	H	296. SIGNATURE AND TITLE OF CERTIFIE	e ls		-				NSE NUMB		29		NED (Month, Day, Year)
₽ ₽ 2 ₹	2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE										77.0
	d	GINA L. SAGER					- 5	ST. Si	STIC	570	BAL	TO N	ID 21218

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) JUL 2 0 1993

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	fetach	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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			<del></del>		OLITTI	IOAIL	- 01	DEA	111	H	EG. NO.			
	MONTH DAY YEAR										3. TIME OF DEATH			
	DEBORAH FOSTER 4. SOCIAL SECURITY NUMBER S. SEX D. AGE (In visit						JULY 18, 1993			93	1:15 A M			
	11.00.00.00.00.00.00.00.00.00.00.00.00.0		5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I			8. BIRTH Countr	IPLACE (State or Foreign
				_ 37	7 YRS.			100	24	12-11	-55		MD	
~	9a. FACILITY NAME (If not institution, give street end number)				9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH					
Ö	THE JOHNS HOPKINS HOSPITAL			BALTIMORE CITY				BALTIMORE						
E C	Part Control				10c, CIT	TY, TOWN OR LOCATION				10d. INSIDE CITY				
띪	MD								LIMITS?  1) YES 2 NO					
7	10e. STREET AND NUMBER				Baltimore City				10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL DIRECTOR	1702 Casadel Avenue						21230				USA			
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea								
7	1 Never Merried 2 Merried FORCES? 1 YES 2			2 V NO If yes, specify Cuben, M			n, Mexican	ican, Puerto Rican, etc.)						
ВУ	3 Wildowed 4 Divorced					1 YES 2 NO Specify: Specify: White					ite			
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a	. DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON ast of working	107	16b. KIN	D OF BUS	INESS/INI	DUSTRY	
9	4.4	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT u					se retired.)							
MP	12 yrs				Barte	nder								
8	17. FATHER'S NAME (First, Middle, Last)								E (First, Middl		Sumeme)			
H	Wally Lev:									n Brow				
2	Donald R.		r	ĺ	196. MAILING 1702	Codo	(Street a	A TT O PO		Do 1 to 1				20
•	20e. METHOD OF DISPOSIT		1						ue	Balti				
	1 Buriel 27 Cremelio	n 3 🗆 Rem	oval from State	20b. PLA cemetery	CE AND DATE	of DISPOS ther place)	ITION (No	ame of	07.0	OATE			City or To	All States
	1   Burlel 2X Cremellon 3   Removal from State 4   Donation 6   Other (Specify)   Metro Crematory   07-21-93   Baltimore, mD  21. SydRature of Funeral Service Licensee   22. Name and address of Facility													
	300 Mace Ave													
	Connel	ly !	runde	21 04	one					al Hom				Baltimore 21
	23. PART i. Enter the diseased, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fedure. Liet only one cause on each line.  Approximate interval Between													
1	IMMEDIATE CAUSE (Final								Onset and Death					
	disease or condition resulting in death)  a. \[ \left( en \tau\color \color \left( en \tau\color \co								60					
	Sequentially list conditions,  a. Very tricular Teachycardia.  But to (OR AS A CONSEQUENCE OF):  5 days													
O N	Sequentially list conditions,  b. // / / / / / / / / / / / / / / / / /								3 days					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								5 days					
필	CAUSE (Disease or inju that initiated events	ry	DUE TO	(OR AS A CON	SEQUENCE O	F):	7		ner	400	5			3 days
토	resulting in death) LAST d. Lupus Antrodigular 2419									7.110				
											1-7-7			
EDICAL									WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
ă									OF DEATH?					
≥										1   YES 2   NO				
Å														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		T	OTHER		ACE OF O	EATH (Chec	k only one)				
₹	1 YES 2 NO		1 Inpetient 2					_		☐ Other (Sp				
	_	Pending	28e. OATE OF (Month, De		28b. TIM	URY		RK?		28d. OESCRIE	BE HOW IN	IJURY OC	CURED	
À	a Davido	2 Accident Investigation					M 1 YES 2 NO							
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, farm, str building, etc. (Specify)					Areet, tech	огу, опте	•		City or To	N (Street al wn, Stata)	eet and Number or Rural Route Number, tata)		
	29a. CERTIFIER							_						
M M	(Check only		CIAN: To the best of											
COMPLET	2 MEDICAL EXAMINER: On the basis of axaminstion end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and manner as state-								and manner es stated.					
BE	29b. SIONATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMB		BER 29d. DATE		E SIGNED	SIGNED (Month, Day, Year)				
6	( Mell	2	m		_			-	5/4	119		•	1/18	3/93
	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETEO CAUS	E OF OEATH (	(ITEM 27) (Type.	Print)				612				
	11 DATE EN ED MANTE	5 /	e deter	10		10	hn	5 1	fan)	612	5			
	31. DATE FILED (Month, Day, 1	2 1	32. REGISTRA	H'S SIGNATUR	E .									
	JUL 2 0 199	JA												

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